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Original Department.

(Written for the Therapeutic Gazette.]

Cascara Amarga—Bark Honduras—Genus Picramnia—A New Alterative Tonic.

By A. Atkinson, M. D., Baltimore, Md.*

ABOUT four years ago a sample of bark was sent from Mexico to a gentleman in Baltimore city, with the request that he would try it himself and give it to some of his medical friends here so as to get their views of its mode of action. The decoction of the bark had been found very efficacious in the treatment of scrofulous and syphilitic diseases in the tropical section where it was gathered.

A fluid extract was prepared and distributed to a limited number of physicians, some of whom administered it with good effect in the above named affections. After considerable delay samples of the bark of the tree and of the leaves were procured together with a description of the tree, its growth, its whereabouts, etc.

The bark taken at random from some of the samples, as seen at this writing, is firm and heavy, of a brownish-gray color, in some specimens the brown predominating, though we find all the shades of light and dark brown, dashed now and then with a grayish silver hue. The outer layer of the bark is striated and much divided up by longitudinal fissures. The true or inner bark of the trunk varies from one-quarter to three-eights of an inch in thickness, while that of the branches thins down to the thickness only of writing paper.

The freshly cut edge of the dried bark is hard, and of the color of liquorice powder, while the color of cut bark after being softened in water has a greenish-yellow tint. The fibres of the cut bark are as dense as those of the common hickory bark. In taste the chewed bark imparts a moderate degree of bitterness with a slightly yellow saliva. The pieces of bark vary from five to six inches in length. The leaves are of a dark-green—are ovate-lanciform and from one and a-half to three inches long, while the greatest width does not

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exceed one inch. The twigs have alternate leaves and one terminal leaf, rather longer than those on the sides of the twigs.

Botanical specimens of Cascara Amarga were submitted to Dr. Vasey of the Department of Agriculture at Washington for examination resulting in the opinion that it belonged to the genus Picramnia of which there exists some twenty species. Owing to the fact that there is in the Governmental collection but two species it was impossible to determine the exact variety.

The fluid extract was the preparation used in several cases of chronic skin affections, and in the eruptions of the advanced stages of syphilis, more especially in those cases where the pustular variety of syphiloderm prevailed mostly, and where debility was one of the points to which treatment was to be more decidedly applied. In these conditions of debilitated system the agent had a good effect in restoring the appetite, which in some of the cases was wanting to such an extent that the patient had become enfeebled and nervous, while the chronicity of the disease seemed to have been fully established. In one case especially great good resulted from the prolonged administration of the fluid extract (for two months) in forty (40) drop doses three times a day. Here no other agent was used, as the patient's stomach rebelled against such remedies as would naturally suggest themselves.

This was a case of gummy tumor of the leg—just over the body of the tibialis anticus muscle and to the right of the spine of the tibia. This patient was in fair health but had a very irritable condition of stomach. His avocation necessitated constant standing at the counter. He had one large cicatricial patch on the same leg just above the seat of the present trouble as the result of an old gummy tumor, which had softened some years before. The periosteum was tender and somewhat swollen. The patient said that many years before (twelve years at least) he had what physicians called secondary syphilis, though the eruptions were few and no trouble nad been observed about his throat.

He had suffered with this painful tumor of the leg as much as two months before applying for relief—the pain apparently being augmented from his having to keep the erect position all day. He had applied sundry salves which had been suggested, but all to no purpose. He was put on the iodide of potassium, eight-grain doses, three times a day, to be taken in one teaspoonful of compound tincture of cinchona bark, either in cold coffee or sweetened water. In a couple of days he experienced so much irritation of the stomach that the iodide was stopped. This, he said, had repeatedly injured his stomach. He gave it a fair trial, nevertheless. I then put him on five-grain doses of the iodide of sodium three times a day in the tincture of cinchona bark. This, in turn, soon nauseated him; so to test the stomach fairly I directed simply the compound tincture of Peruvian bark, which I found he stood very well, but as this had no alterative properties, I tried the iodide of sodium again in the fluid extract of Cascara Amarga bark. Again he was nauseated, and I determined to use the fluid extract without the salt. This I prescribed n doses of forty drops three times a day, to be taken in plain or sweetened water. He kept up the fluid extract for two months—using a salve compounded of twenty grains of calomel to one ounce of vaseline, to be rubbed over the tumor. He took about one pint of the fluid extract and his appetite improved at once during its administration, and his strength correspondingly increased. The gummy tumor was red and painful, and indeed threatened to slough at the time he began the use of the Cascara Amarga, and though he was constantly on his feet the redness gradually disappeared and the pain and heat left entirely.

It is now more than one year since he ceased to use the medicine and there has been no return of the trouble in any way. In this case there certainly was shown the tonic effect of the drug, while the favorable change accomplished seems to have been through its alterative influence.

A similar case occurred in the person of a young gentleman who had been a victim to secondary syphilis when the writer first knew him, though he did not treat him for many months after. When first seen this patient had numerous spots on the forehead and arm, of the scaly nature, which is so hard to break up. As he did not apply for treatment nothing was said to him about it. After some months, however, he did apply for treatment for a large lump on the leg which became very painful, and which from the intense redness appeared as if ready to suppurate. On examination I found the threatened abscess was a gummy tumor over the right tibialis anticus muscle which for a month past had been very painful. He had been the subject of syphilis about two years before, and had passed through the usual manifestations of secondary stage of the disease on the skin. He had been troubled three months before with a small tumor the size a hazel nut on the back of his neck which had been excised by a physician. Happening to see the tumor before its removal I thought it gummy in its nature, but gave no opinion as he had agreed with a physician to remove it. It is well to add, too, that he had some months before suffered from a lump on the leg similar to the one first spoken of, and which had opened, giving him much worry before it healed.

At the time he first consulted me he had several syphilitic tubercles on the front of both arms. I at once put him on a preparation of sarsaparilla and guiacum with the biniodide of mercury, but he did not continue the mixture long, as some druggist had given him a bottle of the fluid extract of Cassara Amarga, with the assurance that it would cure him. This he said he preferred taking to the mercury. He seemed to improve on the Honduras, and as I succeeded in getting an additional supply of it for him, free of cost, he continued it until he had taken a pint. This occurred fully a year ago, and he has had no return of any of the symptoms since. The gummy tumor subsided without suppuration, but remained tender for some time, and even when I saw him, a short time since, he informed me there were two dark spots where the lumps had been. I feel sure if he had kept up the biniodide with the Cascara Amarga his recovery would have been more rapid.

Another case which I think shows some good good results from the use of this bark, was in an

old lady who applied for treatment for chronic eczema of fifteen years' standing, on both legs. She was very anæmic and feeble, and came four times at intervals of about five days. Each time she was given about an ounce of the fluid extract with directions to take about thirty drops three times a day. She had no other treatment. Her appetite improved and she gained in strength. The eruption was in good progress for amendment when she discontinued her visits because of the distance from my office.

I have collected the histories of the following cases from a gentleman who was conversant with the uses of the bark, as well as with the frequency and almost incurability of syphilis in the upper parts of Mexico.

Case 1. A man had syphilitic eruptions following on the fourth month after the appearance of a single hard chancre. The chancre healed up kindly. The sores on the body were of an open kind (large pustular variety, no doubt) and he stunk so that the captain of the vessel, of which he formed one of the crew, put him ashore at Tobosco, in Mexico. His body was covered with these sores, and the patient was much enfeebled thereby. He was taken care of for humanity's sake, and put on a strong tea made of the bark with rum enough to keep it from spoiling. He took this tea and nothing else, and at the end of the sixth week the pustules had dried up. He continued to drink the tea, however, for three months longer without the reappearance of the eruption, and at the end of that time left the village in a Norwegian vessel, apparently well. This man took the tea for four months and a half.

Case 2. A native Mexican woman in Goatzocoalcas had syphilitic eruptions following six months after a solitary chancre. Dr. P. treated her for four months without benefit. My informant found her lying naked in bed because she could not bear the weight of even the small amount of clothing worn by the natives. Her physician said she must die, and that he could do no more for her. She was put on forty drops of the fluid extract of Cascara Amarga for three months. In ten days she felt better, and at the end of three months she was well enough to attend to her work as usual, the only sore then being one on the inside of the right heel, though she had been covered with ulcers, which from their fœtor prevented others staying in the room with her.

Case 3. C. L. æt. 58 years, contracted chancre in Liverpool thirty years ago, which healed without trouble. Some years after he broke out with multiform eruptions, without ulcerations, on the arms, neck, and chest. These eruptions were chiefly of the scaly variety. They disappeared slowly leaving copper colored spots. After treatment these blotches left him to break out again in other parts of the body.

Three years since he went out to live in Mexico, where my informant first saw him stripped for the bath, and noticed the copper-colored blotches, resulting from what appeared to be the subsidence of tuberculous syphilides. He learned the full history of his case and put him on the fluid extract of Cascara Amarga. This he took in forty-drop doses three times a day for two months and a half, at the end of which time no further signs of the disease were visible. The remedy was continued for about three months longer, and now, after a lapse of three years, the patient has no signs of the trouble, as far as is known. Here the fluid extract was kept up for five months and a half faithfully, with increased appetite and general improvement in every respect.

Case 4. A lawyer in a town in Mexico was much given to dissipation. He had pustular syphilides of the large variety, of the size of the fingernail, and in some parts larger, on the body, face and arms. The pustules were somewhat offensive in smell, but the smell was modified by a weak solution of carbolic water. He took honduras tea and got nearly well, but stopped the medicine and began drinking again. He was soon in as bad a condition as before. He was finally persuaded to leave off drinking and renew the bark. He was cured by the medicine being pushed for a few months longer. This man took no other medicine, and had he abstained from dissipation when he first began taking the fluid extract, it is fair to suppose he would have been well long before.

Even the limited number of cases here recorded would lead to the inference that there is good in this new article, and surely its appetizing property goes to place it among the class of permanent tonics.

[Written for the Therapeutic Gazette.]

Lippia Mexicana.

By A. H. Saxton, M. D., Baltimore, Md.

AN HERB bearing the above name was sent here from the southern part of Mexico in the fall of 1877 with the request to test its value in bronchial and pulmonary affections.

The Government botanist, Dr. Vasey, of the Agricultural Department at Washington, determined the plant to be a subvariety of "Lippia dulcis" belonging to the verbenaceæ. The following is a description of the plant, as near as the dried specimen could be botanically described:

Lippia dulcis, subvariety Mexicana, is an evergreen creeping undershrub, belonging to the verbenaceæ; its habitat is southern Mexico; it grows in abundance in places which are kept moist and are well fertilized by droppings from cows, etc.; the root is long and woody with many rootlets; from it spring from 4 to 6 woody stems which mostly trail off to some distance from the root sending down occasional rootlets; the stems vary in thickness from a small crow quill to a ¼ inch, are four sided and have at intervals of about 2 to 3 inches from 3 to 5 leaves surrounding the stem on three sides, leaving the underside free, when the stem is running in a horizontal direction, but from the horizontal stem at intervals a shoot is sent perpendicularly; on it the leaves surround the stem on all sides. The leaves are oblong, acute, serrate and rough. The plant is in bloom from November until March, the flowers are formed in globular or nearly globular heads and are white or pinkish in color.

The leaves and flowers have a sweet aromatic taste and strong characteristic odor, which they retain on drying.

The attention of the gentleman (a chemist by profession) who sent the plant here for trial, was first called to its medicinal properties by watching some Indian children plucking and eating the flowers; he found that these children ate the flowers with avidity, declaring them to be very good; my informant tried a few of them and found them to have an agreeable aromatic taste, but found that they had, when taken in large quantities, somewhat of an emetic action followed by slight drowsiness. Some time after, when suffering with a pretty severe cough he thought of trying the effect of the flowers and with this end in view plucked about a dozen of them and slowly taking one by one, found, in a short while, his cough entirely relieved. He thereupon induced several of his medical friends in Mexico to give it a trial and all were higly pleased with the effect. He also found that the leaves possess the medicinal virtues in nearly, if not quite the same degree as the flowers.

The samples sent here were composed of leaves and flowers and were gathered when the plants were in full flower, dried, stripped from the stems and tightly packed so as to retain all the odor. When received here a tincture was prepared from them containing 2 oz. of the powdered leaves and flowers, to the pint of which half a teaspoonful was recommended to be used for a dose, to be repeated every half hour or whenever the cough became troublesome. The report of those gentlemen from Mexico, which accompanied the sample sent induced me to give it a trial in my practice, and the result obtained by its use, fully substantiated all they claimed for it, as is shown by the following cases in my practice:

The first patient, for whom I prescribed the the tincture Lippiæ Mexicanæ was Mrs. H., married, residence West River, Maryland, who, while on a visit in Nov. 1879, in this city, sent for me. For several years, she had been under the medical care of several physicians for bronchitis. I found her suffering with loss of strength and appetite, having night sweats, and with a cough continuous day and night; expectoration, muco-purulent and excessive in quantity.

At that time, having had my attention called to the value of the tr. Lippiæ Mexicanæ in pulmonary cases, by a medical friend of this city, with some scepticism, I suggested to my patient to try it.

After two weeks or more trial, during which time, I had administered it in teaspoonful dosesevery three hours, I was surprised to see what benefit she had derived from it. Her cough became less troublesome, she could sleep almost the entire night without being desturbed, and, had ceased taking a mixture of chloral and morphia, which she had been compelled to take, to obtain some sleep.

Her night sweats gradually disappeared. She remained in the city until late spring, gradually gaining flesh and strength, and returned to her home in the country, with every evidence of improvement. She has continued the use of the Lippiæ Mexicanæ up to the present time with same good results, enjoying fair health, hoping to return to to the city next spring.

In this case, except quinine as a tonic, the only medicine this patient has taken for one year, has been the tincture Lippiæ Mexicanæ, and, its beneficial results have greatly gratified her as well as her friends.

The next case in which the Lippiæ Mexicanæ was tried, was a typical case of incipient phthisis. The patient, a sister of charity, whose family record showed every evidence of a hereditary tendency to phthisis, has improved in every way. In the spring 1880, just for the sake of a change, and, because it would be something new to her, I prescribed the Lippiæ Mexicanæ. I had previously given her all the much extolled medicines in such cases, and, her stomach would not tolerate any longer the various preparations of Cod Liver Oil.

After a trial of four weeks, I found she was improving. Her cough almost ceased, her appetite improved, and her stomach digested well her food, and, soon, she was able to resume her duties as a teacher in the institution to which she belonged.

She continues the use of the Lippiæ Mexicanæ which seems always to relieve her, whenever her cough annoys her. With it, she is likewise taking malt and iron

Mrs. S., about two months prior to her confinement contracted a very severe cold, accompanied by a cough which annoyed her night and day.

After taking various remedies without much relief in alleviating her distressing cough, especially so, under her circumstances, I prescribed for her, Tincture Lippiæ Mexicanæ. After a few days' trial, her cough left her.

A little daughter of a neighbor patient, having had during the spring an attack of measles, being tempted out too early, by the pleasant weather, contracted an attack of acute bronchitis, which left her with a most annoying cough. I ordered her the Tincture Lippiæ Mexicanæ in teaspoonful doses every 3 hours, which acted like magic. Since this time, this family have implicit faith in the Lippiæ Mexicanæ to relieve coughs, and, have sent it to friends in Western Maryland, who have sent me the most sanguine accounts of its value.

Having had several cases of whooping cough during the spring and summer, I have frequently prescribed it with marked benefit, in allaying the distressing paroxysms, without however, seeming to curtail the attack.

In cases of children, in combination with simple elixir adjuvans, it acts very beneficially.

Other medical gentlemen ot this city, who have given it a fair trial, have spoken of their success in prescribing it in various kinds of coughs, and seemed delighted at the beneficial results they have experienced from the use of it.

The value of this new remedy is not overrated, and, after a more extensive trial by our profession, I hope we will have added another valuable drug to our list of remedies.

[Written for the Therapeutic Gazette.]

Rectal Alimentation. (Continued.)

By Charles H. Stowell, M. D., Professor of Physiology and University of Michigan.

Please allow us space to prove, if possible, some statements made in a previous article on the "possibility of an enema passing from the large intestine into the small."

In the last number of this journal, p, 318, may be found these words: "Spontaneous waves may be seen in the duodenum passing both ways." "We certainly may have anti-peristaltic waves of contraction." Also this sentence: "Theoretically the passage of any matters from the large intestine into the small is, the rarest occurrence, and practically, we believe,it never occurs."

In an editoral reviewing this article are these words "* * * viz,; that which claims the possibility of an enema passing from the large intestine into the small, *i. e.*, the possibility of a fluid moving contrary to the law of gravitation and through the ileo-cæcal valve."

Nothing can be found in the article reviewed questioning in the least "the possibility of a fluid moving contrary to the law of gravitation." The question is solely one relating to the ileo-cæcal valve.

In the review we read "it requires no argument to establish the possibility of reversed peristaltic action," and some instances are given to support this proposition; when we distinctly stated in our previous article, as quoted above, that we certainly may have anti-peristaltic waves. So here at least we exactly agree.

But the conclusion drawn from this fact, the "if therefore" of our editor, we beg leave to say, is, to our mind, not a correct one.

"If normal peristaltic action be reversed, then it is not unreasonable to suppose that the action of a valve may be reversed." This statement is presented to us in the form of a question. The blood flows from the right auricle into the right ventricle, then through the lungs into the left auricle, thence into the left ventricle, and then into the aorta. The blood has passed many valves. In health can the action of these valves be reversed? and in the living or dead subject can a fluid be forced in a direction opposite the normal one, from the aorta to the right auricle, and will the valves reverse their action and prevent the return of the fluid? From the very construction of the ileo-cæcal valve (or valves of the heart or veins) it never can have a "reversed" action; an action contrary to, directly opposite, its normal one. The "reversed" action of the ileo-cæcal valve would be that it not only allowed matter to pass from the colon to the ileum, but also that it would prevent the passage of matter from the ileum into the colon. To do this the anatomical arrangement of the parts must be materially changed. If this valve allows matter to pass from the colon into the ileum "under certain circumstances," it does not prove that the valve is reversed but rather that it is either an imperfect valve when closed, or that it does not tightly close. In a healthy condition I am satisfied that there might be a slight passage of matter from the colon into the ileum if one condition be present, viz.; when the pressure on the two sides of the valve was equal. Then the valve might remain flaccid. Knowing of this one condition we said in the first article, as quoted above, "Theoretically the passage of any matters from the large intestine into the small is of the rarest occurrence." But the chances of such a condition occurring in the body when rectal injections are used are nil. Thus we added "and practically it never occurs."

The next reason given is this: "How is it possible, if this valve do not relax, for stercoraceous vomiting to occur in strangulated hernia?" That so-called stercoraceous vomiting (as seen in cases of strangulated hernia, and the like) is any sign that matter has come from the colon I do not believe not believing it, and what they said concerning it. We here quote fron every authority consulted who has said anything on the subject. We have not found a single authority who believes stercoraceous vomit must come from the colon.

Flint's practice of medicine under the subject, "invagination:" "The vomited matter, after a time, may have the odor of feces, and is then said to be stercoraceous. A truly stercoraceous vomiting rarely, if ever, takes place—that is, the contents of the large intestine are not ejected. This could of course only happen when the obstruction commences below the cæcum, which is extremely rare, but even if the cæcum be above the seat of the invagination, the ileo-cæcal valve certainly in the great majority of cases, effectually prevents regurgitation of the contents of the large into the small intestine. Experiments and clinical observations show that the ileo-cæcal valve will sustain an amount of pressure sufficient to cause rupture of the intestinal walls." It may be noticed here that this is not "the theorizing of the closet or of the physiological laboratory, for that matter" for the writer says "and clinical observations show, etc."

Even at the present time there are some who think that the peculiar fæcal odor is developed only in the large intestine, yet such is not the case, for we read from Foster, page 337., Lea's edition, thus: "Among the supplementary products of pancreatic digestion may be enumerated a body which gives a violet color with chlorine-water, and indol, to which apparently the strong and peculiar fæcal odor, which makes its appearance during pancreatic digestion, is due."

I now quote from Habershon "On the alimentary canal," 1879, page 427. In speaking of vomiting in "internal strangulation:". "In the case recorded of twisted cæcum where the obstruction was near the termination of the ileum, so fully fæcal was the character of the vomited fluid that it was for a time supposed that a communication existed between the stomach and the transverse colon." This noted writer and observer was himself nearly deceived by the fæcal odor, thinking that the matter must come from the colon, yet further observations proved his suppositions to be untrue.

Wood's practice of medicine, vol. 1, under the topic, "Ileus:" "The ileo-cæcal valve, offers an impediment to the upward passage of the contents of the colon, but if it be admitted that the pressure of the fluids above and below the valve is about equal, the valve may remain flaccid and an intermixture of the fluid matters on each side of it may take place." We have referred to this elsewhere, and alluded to it in our first article before we mistrusted what Wood said upon the subject. Even this author does not say he admits such an equal pressure ever to occur, but says "if it be admitted."

Habershon, "Diseases of the abdomen" 1878, 3rd edition, page 394: "In a normal state of parts the ileo-cæcal valve prevents the regurgitation of fluid from the large into the small intestine."

Wood evidently refers in his "if it be admitted" to the same physiological experiments mentioned by Habershon, *i. e.*, when equal pressure was established on both sides the valve, then an admixture may occur. These were "laboratory" experiments, however, and we are told they are not as valuable as the actual observations of the practitioner.

By referring to Aitkens' practice, vol. 2, under ileus, we read: "It has been debated whether in cases of stercoraceous vomiting the fæcal matter proceeded from the small or large intestine. It is certain, however, that the contents of the small intestines take on the characteristic odor of fæces. The matters vomited, therefore, for the most part, proceed from the small intestines and only occasionally from the large." We are asked how is that even "occasionally" the matter vomited can come from the large intestine, and we answer by reading Hartshorn, page 204. He says: "The margins of this valve are not infrequently destroyed by ulceration." Of course then we will not have a perfect valve and to our mind there is something very applicable between the "occasionally" of Aitken, and the "not infrequently" of Hartshorne.

We consult now "Reynold's system of medicine" vol. 3, and turn to "obstruction of the bowels." He says that the fæcal odor of stercoraceous matter is due to the long residence of the intestinal contents within the bowels, their admixture with bile, etc. "The stercoraceous matter, though never in cases of simple obstruction derived from the large intestine and probably never directly from the lower part of the small intestine." The position of this "actual observer" then is even stronger than that of the "closeted physiologist." The same statements of Reynold's may be found in Wood's Library of standard medical authors, under "Diseases of the Intestines."

In the "Clinical Diagnosis of Finlayson," 1878 under "vomiting": "It is of great importance when the odor can be recognized as distinctly fæcal. Occasionally various forms of decomposition stimulate this odor." Here then is another cause of the fæcal odor of matter that has not been in the large intestine. In the encyclopœdia of anatomy, Dr. Brinton says, in speaking of stercoraceous vomiting, "that it would seem from the character of the ejection that the intestinal tract is emptied in the order of its anatomical arrangement, first the stomach then the duodenum, jejunum and lastly the ileum." It is the word lastly that should be emphasized here. By saying lastly, Dr. Brinton says: 'this is the end, nothing can come from a point past the ileum.'

Whether Foster, the eminent physiologist of London, is in active practice or not we are not informed; all the other authors cited above, however, are men who give "facts corroborated by the actual observation of the practitioner."

We learn from these men: 1st: that stercoraceous vomiting occurs when no matter comes from the colon.

2nd. That an odor like the "fæcal odor" is developed during pancreatic digestion, due to the presence of indol; (other authorities beside Foster could be given.) Also developed from matter remaining for some time in the alimentatary canal; also various forms of decomposition simulate this odor.

3rd. That it is possible for fluids to pass from the colon into the ileum when the pressure in both is equal; reported by two experimenters.

4th. That the ileo-cæcal valve is frequently diseased.

Laying aside all this there is one indisputable fact, which alone would be sufficient to prove to us that food injected per rectum is not taken to the stomach to be digested. The fact is this: In certain irritable conditions of the stomach the food is not retained, and no sooner has the patient swallowed than the food is vomited. Rectal alimentation is here indicated, but if the food go at once to the stomach why is it not vomited? Again in ulcer of the stomach the presence of food gives rise to pain. In these cases when food is given per rectum the patient does not complain of pain. These things we know from observation and so again we ask if the food goes to the stomach to be digested why does not its presence there give pain? The editor of this journal will agree with the majority of writers, I fancy, when they say rectal alimentation is indicated in those cases where the stomach refuses food, in ulcer and cancer of the stomach, etc. Yet I affirm that if the food must pass to the stomach after all, even if injected per rectum, then rectal alimentation gives no relief to the stomach and is only indicated when the passage from the mouth to the stomach cannot be utilized.

On the 334th page of the last GAZETTE we are told to consult the same works which we relied upon to sustain our opposition to the possibility of fluids passing from the large to the small intestine and that we would find there that digestion, etc., are not possible in the large intestine.

Before us are standard works on physiology. We consult them as we are told. One says. "Probably any constitutent of the food which has escaped digestion and absorption in the small bowel may be digested in the large intestine. * * * At the same time, as before said, it is probable that a certain quantity of nutrient matter always escapes digestion in the small intestine and that this happens more especially when food has been taken in excess or when it is of such a kind as to be difficult of digestion." The author then says that digestion may go on in the large intestine "the process being assisted by the secretion of the numerous tubular glands therein present," Another says. "After injection, by the rectum, of fatty substances the lymphatic vessels leading from the large intestine exhibit the same features, the same chyliferous appearance, as those of the small intestine. The villi are not found here but their place is supplied by numerous folds in the mucous membrane. In herbiverous animals, whose cæcum is very much developed, this part of the intestinal tube is the seat of actual digestive phenomena; the cæcum may, therefore, be considered a sort of second stomach, it contains acids which suffice for the digestion of the vegetable albuminoids." We may add just here that our own ideas do not conform with these just quoted. Our idea of rectal

digestion or the digestion of matters introduced per rectum have been published, and although unaware of those advanced by Flint they nearly conformed to them at that time. Based upon the researches of of Heidenhain we sought to explain the action of certain glands in the rectum and colon when food was brought into contact with them.

Better let the explanation of the digestion of food in the rectum and colon rest for a time, than to try and force the food through an impassable valve, up twenty feet of tubing to a dilated sac.

[Written for the Therapeutic Gazette.]

The Active Properties of Plants Considered as Feature of Relationship. (Continued.)

By Volney M. Spalding, B. A., Assistant Professor in charge of Botany, University of Michigan.

MANY Monocotyledonous plants are distinguished by their remarkably powerful therapeutic action, while numerous other representatives of the class seem to be devoid of any active properties whatever. It is a curious fact that these differences correspond more or less closely with the development of the floral envelopes or other conspicuous structures taking their place. As an illustration of this we may cite the lily family, with its magnificent display of luxurious flowers, which is also noted for its exceptionally powerful medicinal plants, while on the other hand the Sedges and some other orders whose flowers are quite inconspicuous have hardly made a contribution to the materia medica. Whether this parallelism has any special significance may perhaps be a question worthy of more careful study. It is obvious, however, that a partial explanation may be found in the fact that plants with inconspicuous flowers have attracted less attention than those with more showy ones, and and accordingly their medicinal properties have been only slightly investigated. For the more complete presentation of the question, it will be necessary to give a few morphological details in the discussion of the families yet to be considered.

The first order claiming our attention is the Araceæ, or Arum family, an order that will be remembered best by calling to mind the common Indian Turnip, or, among cultivated plants, the well-known Ethiopian Lily. In these plants the proper floral envelopes are wanting, but their absence is made up by the development of a conspicuous spathe which arches over the fleshy axis on which the small monœcious or dicœcious flowers are produced, forming a curious hooded covering, as in the Skunk Cabbage or the graceful, shell-like flower of the calla, or in other cases reduced to a narrow bract wrapped closely about the spadix, or even to an incomplete leaf-sheath. As a rule the species present very conspicuous and interesting peculiarities of structure, and are also distinguished by such active properties as will hardly need to be described to those who have ever been induced to "just take a bite" of the root of Jack-in-the-pulpit, or have had occasion at any time to make an intimate acquaintance with the virtues of Skunk Cabbage. Arum and Dracontium, just mentioned, and Calamus, or Sweet Flag, are the principal indigenous medicinal plants of the order, but various other species are employed medicinally in tropical regions, where plants of this family are most abundant. Notwithstanding their acridity a number of species produce rhizomes filled with starch which, when properly cleansed, is edible and in some cases becomes a market commodity. The Portland arrow-root of the London market, for instance, is derived from a a species of arum.

In marked contrast with the preceding, though closely related to it botanically, stands the little family of Duckweeds (Lemnaceæ), with inconspicuous flowers, which in some species are hardly to be found at all, often reproducing their kind by the production of simple buds or bulblets, minute in size, and so attracting no attention from general observers, they are credited with no marked properties and seem to have been created to furnish food for worms and employment for botanists. Little better can be said for the Naiadaceæ, Juncaceæ, and Cyperaceæ, the pond-weeds, rushes, and sedges, whose numerous species are a trial to the systematist. and whose apparent worthlessness offers little encouragement for their investigation from any economic standpoint. These aud a few other families may, therefore, be dismissed from further attention.

The Liliaceæ, to which reference has already been made, constitute, perhaps, the most striking and prominent family of monocotyledonous plants, both for the rare beauty of its flowers and the number of important medicinal species belonging to it. Among the ornamental plants of this order are the Tulip Lily, Hyacinth, Yucca, Tuberose, Agapanthus, and various others, whose wealth of fragrance and grace of form are unrivaled. Here too belong such powerful drugs as Aloes, Squills, Garlic, Veratrum and Colchicum. The latter two are reckoned among the species of Melanthaceæ, which is perhaps to be considered a separate family. But whatever separations may thus be made on slight botanical grounds, the examples selected will sufficiently indicate the nature of the family. While its species may be separated into several classes, according to their specific differences of therapeutic action, they are, as a rule, acrid and irritant and several at least, when administered in sufficient doses are violent acro-narcotic poisons. There is every encouragement to the more thorough investigation of the properties of our numerous indigenous species. Their relationship with such drugs as have been mentioned and their abundance and readiness of recognition recommend them, not for indiscriminate experiment, but for conscientious and critical study, from which most valuable results ought to be secured.

Another marked family, the Orchidaceæ, includes plants of the most curious forms and intricate structure. The mechanical contrivances of the flowers, adapted in numerous instances to ensure cross-fertilization by the aid of insects, have become well known through the works of such investigators as Darwin and Lubbock. But so few species of this large and peculiarly interesting family have been employed in medicine, or studied with reference to such use that it is altogether impossible to give a satisfactory account of the active properties by which the order as a whole may be distinguished. Manifestly they are widely different from those of the Liliaceæ, if Salep, Vanilla and Cypripedium,

some of its best known species, are to be considered fair representativs.

The Zingiberaceæ, or Ginger family, is well defined botanically and the active properties of its species are permanent and distinctive. They are mostly natives of the tropical regions of Asia and Africa, and seem to have gathered up into their own substance something of the burning heat under which they are developed. Ginger, with its hot, aromatic taste and the burning, peppery grains of Paradise exhibit these properties most perfectly, while they are developed to a less extent, but still very appreciably in Cardamons, Turmeric, Galanga and other less important representatives.

The Cannaceæ, which represent the Zingiberaceæ in the tropical regions of the New World, one of whose species furnishes the Maranta or true arrow-root of commerce; the Musaceæ which furnishes the banana and plantain; the Bromeliaceæ, the source of the pine-apple; the iridaceæ, from which are obtained the Florentine Iris and Oriental Saffron; and the Similaceæ, to which belong the various species Sarsaparilla, may well be studied with profit, but as they furnish few drugs of importance they cannot now receive further attention.

The gramineæa, or grass family, is of exceptional interest. furnishing as it does, perhaps, three-fourths of the food of all the world, its species universally but altogether unpretending and even somewhat obscure in their botanical characters, and apparently quite destitute of any active medicinal properties, except in a few doubtful cases, their study brings to light an unusual array of interesting facts and suggestions. Their value as food plants appears upon consideration of the fact that hay, rice, oats, rye, Indian corn, millet and sugar-cane all belong to this family, each contributing an enormous supply for domestic animals or for the sustenance of the human race. Other species furnish useful materials for textile and mechanical purposes; such are the esparts or Spanish grass, employed in the manufacture of paper, matting, baskets, etc., and the bamboo, whose numerous uses are familiar to every one. Still others are cultivated for ornamental purposes, among them the beautiful plume-like gynerium, or pampas grass, the striped Japanese corn, Job's tears and others. Comparatively few species, presumably all belonging to the single genus andropogon, yield a fragrant volatile substance known as grass oil, one kind of which is sometimes sold as "Turkish essence of geranium," while others go under the name of "lemon grass oil," "oil of ginger grass," etc. These are employed as perfumes rather than for any medical purpose.

There are still one or two species of the gramineæ which have obtained some reputation as medicinal plants. Lobium temulentum, or bearded darnel, is one of these and triticum repens, or couch grass (also called quack grass), is another. The former of these, though employed medicinally in very ancient times, has attracted attention chiefly on account of its supposed poisonous properties which have frequently been reported by various European writers, and apparently on trustworthy evidence. Thus Bentley and Triman* quote Pereira as considering its seeds acro-narcotic poisons, and also refer to various cases of poisoning which have resulted from the intermixture of darnel seeds with other grains, as, for instance, those reported by Dr. Moore, of Glasnerin, Ireland, who says: "Scarcely a year passes over without my hearing, either directly or indirectly, of some person or persons being poisoned by eating meal mixed with darnel." The whole question, however, has taken an interesting turn as the result of a suggestion of various investigators that the effects reported are not due to the grain itself, but are simply such as follow the use of any kind of ergotized grain, as, for example, spurred rye. The suggestion has the more weight from the fact that darnel is particularly subject to diseases of a fungoid nature.

Added to this we have the record of some valuable and and apparently conclusive experiments by Mr. A. S. Wilson, of Aberdeen, reported in the transactions of the Botanical Society of Edinburgh.† He says: "In the course of twenty-eight days I ate 561 grains of darnel meal, equal to about 3,300 seeds, and 945 grains of darnel husks, equal to the husks of about 3,100 seeds. The doses varied from two grains to 248. In my case, therefore, (not to generalise), darnel in such cases is not justly called temulentum; its seeds and husks are not infelix, are narcotic, are not acrid, are not unwholesome, are not not injurious, do not cause delirium, do not produce stupefaction, and are not poisonous, nor productive of fatal results." Doubtless these experiments need the confirmation of independent investigators; meanitme, however, it is safe to say that the poisonous properties of darnel are not satisfactorily proven, and its use in medicine is no more warranted than that of Indian corn wolud be on the ground of the powerful action of corn smut, or that of common rye, because under favorable circumstances it produces the well-known ergot of rye. It is in every respect desirable, however, inasmuch as the darnel has been introduced into this country, that accurate observations of such alleged cases of poisoning should be made and reported whenever they occur. The other species, triticum repens, has been credited with a list of virtues that have never been proven to belong to it, though it has been largely employed, especially in the hospitals of Paris, to relieve irritation of the bladder, and is believed to be useful to "cleanse the blood," etc.

From what has been said of the order it is obvious that the gramineæ ranks among the most useful, and at the same time among the least showy of plants, and that active medicinal virtues are almost wholly wanting to the family, which accordingly furnishes still another illustration of the law of compensation already stated, a law which we have seen illustrated frequently in the morphological and physiological peculiarities of other families of plants.

Passing to cryptogamic plants we meet at once the same practical difficulty referred to in the case of the Orchidaceæ. So few representatives of any of the families of cryptogams have been subjected

*According to Von Waldheim the species of ustilagineæ, or smuts, which infest darnel are tilletia lolii which closely resembles the bunt of wheat. and ustilago carbo, or oat smut, a species with much smaller spores found on various other grains, particularly oats, where it proves quite destructive. Whether any other species of fungi are parasitic upon it I am unable at present to say.

† Medicinal plants Art. Lolium temulentum.

to critical and exhaustive investigation that in most cases a trustworthy generalization is altogether out of the question. Of the ferns, for example, which number the world over about 3,000 species, only a single one, the Male Fern, Aspidium Filix-Mas, has attained to a fixed position as a medicinal plant. Its valuable anthelmintic properties are well established, and in all probability are shared by related species which could often be obtained more readily than the officinial drug, but, through lack of definite knowledge, their virtues, whatever they may be, remain unemployed. The Club-mosses (Sycopodiaceæ) and other vascular cryptogams are in nearly the same position, the Lycopodium of commerce being almost the only representative that is employed to any considerable extent, and the true mosses and liverworts have offered still less material that has ever been turned to practical account.

The remaining groups of cellular cryptogams have received rather more attention and have furnished some species of great commercial value, such as the brown seaweeds from which iodine is obtained, the Irish moss, Chondrus crispus (one of the red Algæ), and Iceland moss, Cetraria islandica (one of the lichens).

But it is among the fungi probably that we are to look for most of the valuable drugs which are yet to be obtained from cryptogamic plants. Already quite a number of species have taken a prominent position as medicinal agents, among which may be mentioned Claviceps purpurea, the Ergot of rye, Ustilago Maidis, or Corn Smut, and perhaps Agaricus muscarius, the notorious fly agaric. Here too belong the various ferments, such as ordinary yeast, alcoholic ferment and others, besides the host of disease "germs" whose life, history and physiology constitute one of the great problems of modern science. So many of the fungi are narcotic poisons that as a rule they are to be regarded with suspicion until proven to be harmless. Many species are edible, but their consideration does not fall within our present purpose.

We have endeavored to show by the study of a number of orders selected from the principal classes of plants that active properties are often a marked and reliable feature of relationship, or, in other words, constitute in such cases a family character, nearly or perhaps quite as distinctive as the structural characters upon which the union of various species into families is at present based. A more careful and exhaustive study of all the leading orders from which therapeutic agents are derived, in the light of such principles as have just been suggested, must result, it would seem, in eliminating at least a portion of the uncertainty under which new and often valuable remedies struggle into recognition, and in ruling out more promptly the worthless species that are so often suffered for many years to cumber the pages of dispensatories and other works on materia medica.

[Written for the Therapeutic Gazette.]

Urechites Suberecta and Digitalis.

By Isaac Ott, M. D., Eaton, Pa.

THE introduction of another powerful agent acting on the heart like aconite, although through a different path is worthy of attention. In a previous number of this journal I have given an account of the remarkable physiological action of this drug. Digitalis was also, on theoretical grounds, proposed as an antidote, because Fothergill had shown that after a frog's heart had been arrested by aconite, digitalis would start it into activity. Dr. J. Morse Murray * had also found in rabbits that the previous administration of digitalis greatly restrained the action of aconite on the heart. Lately I have submitted the theory to experimental proof and found it wanting. In my experiments frogs were used. When urechites in the shape of the fluid extract was injected subcutaneously, the ventricular action slowed, became in nature vermicular. Then the ventricle contracted upon itself, dilating in small localized red elevations on the white contracted surface. However, after the arrest of the ventricle the sinus venosus and auricle keep up their activity in a slow and feeble way till they are arrested. Where digitalis was given either before or after the administration of urechites, it did not seem to retard the march of the latter. It is quite evident from these experiments that the antidote to urechites must be sought out in another agent than digitalis.

In my previous paper, after section of the medulla I did not see any convulsive action excited by urechites. These experiments were, however, performed in the summer when the irritability of the nervous system is lowered. Late experiments, in the winter, with frogs having more irritability, have exhibited convulsive movements of a spinal nature. That the medulla oblongata does not participate I am unable at present to deny.

The tincture of digitalis used in the experiments was of officinal strength. The infusion was four times the usual strength. Appended are part of the experiments upon which the preceding statements are based.

Expt. 1.—Frog at 1.45 P. M. received five minims of the fluid extract of urechites suberecta subcutaneously.

TIME.		HEART BEAT.
2 P. M.	Heart bared in situ, ventricle quiet	
2.02 P. M.	Auricle and sinus beating	3
2.03 P. M.	Infus. digitalis to the heart	
2.05 P. M.		2
2.08 P. M.		1

Expt. 2.—Frog at 3.03 P. M. received forty minims of infus. digitalis subcutaneously.

TIME.		HEART BEAT.
3.12 P. M.		48
3.13 P. M.	Five minims of fld. ext. urechites suberecta subcutaneously	
3.17 P. M.		22
3.30 P. M.	Ventricle beating twice per minute, sinus and auricle twelve per minute	
3.35 P. M.	Ventricle arrested, auricle and sinus beating	8
3.45 P. M.	Auricle beating	3

Expt. 3.

TIME.		Frog A. HEART.	Frog B. HEART.
		48	48
7.14 P. M.	Five Minims of fluid extract of urechites to A. and B. subcutaneously		
7.20 P. M.	Five minims of tinct. digitalis to A		
7.28 P. M.			ventricle
		24	arrested.
7.33 P. M.		ventricles	
		arrested.	
	Auricles in A. and B beating		

* Philadelphia Medical Times, 1877.

Expt. 4.

TIME.		Frog. A. HEART.	Frog B. HEART.
	.....	36	36
2.30 P. M.	Two and a-half minims of fld. extract urechites sub recta.....		
2.35 P. M.	Thirty-five minims of infus. digitalis subcutaneous to B.....		
2.48 P. M.	.....	ven ricle	ventricle
	.....	making	arrested.
	.....	a few	
	.....	imperfet	
	.....	beats.	

[Reported for the Therapeutic Gazette.]

Medical Jottings—Therapeutic Skepticism; New Remedies in Asthma; Hydrastin; Desiccated Blood; Hamamelis; Whooping Cough; Epilepsy; Nitro-Glycerine: Jaborandi.

From Our London Correspondent.

THERE is quite an influx of new editions of text-books on medicine. We have new editions of Bristowe, Niemeyer and Aitken, the last named being much enlarged, rewritten, remodelled and carefully revised. Bristowe's is a good work but is weak in treatment. I have just seen Bartholow's new work and like it very much. The Professor's name is well-known here as that of an accomplished writer and able investigator. If I mistake not he was the first, or all at events one of the first, to introduce atropia as a remedy for the night-sweating of phthisis. His paper on gelsemia was a good bit of work. It is a curious fact that most of our books on medicine are written by men who seem to have little or no faith in drugs, and who systematically disregard the question of treatment, at all events in their published writings. Bartholow is no sceptic, and his work will be read with all the more interest on that account. Under the head of asthma, he speaks of grindelia robusta as having great power to arrest the paroxysm, and recommends the fluid extract in half drachm doses. He also suggests the use grindelia as a fumigant. In his article on the treatment of phthisis he speaks well of arsenic, recommending Fowler's solution in small doses. The general opinion here is that it is better to use arsenious acid pilules and to push it. He speaks well of cod-liver oil given with ether, but omits all mention of extract of malt. He finds picrotoxine useful for the vomiting which so often accompanies the cough of phthisis, and adds that it possesses decided anhydrotic effects. Picrotoxine is a very useful drug, and there seems to be every probability of its coming into more general use. In Germany it is largely employed in the treatment of nervous diseases.

A recent number of the British Medical Journal contains a leader on Hydrastis and Hydrastin. It is an admirable resumé of its physiological action and therapeutic properties, and is well calculated to bring this useful drug into more general notice. It is but little used in this country, because so little is known about it. The resin acts powerfully on the liver and is most efficacious in removing those distressing symptoms so frequently associated with the torpidity of that organ. The fluid extract is an excellent tonic and is very useful in atonic dyspepsia.

A few nights ago in the course of an interesting discussion at the Medical Society on a case of atrophy of the stomach, attention was called to the value of rectal injections of desiccated blood in this and other organic affections. A Fellow expressed an opinion that it was one of the greatest advances that had been made in therapeutics for many a day. At another meeting of the same society the discussion turned on the best method of arresting epistaxis. Perchloride of iron, ergot, turpentine and several other remedies were mentioned, and then some one suggested hamamelis. The witch-hazel (hamamelis Virginica) is undoubtedly useful in arresting passive hæmorrhages, it matters little whether the blood comes from the nose, lungs, and stomach, bowels or other orgáns. Its use is especially indicated when the blood comes up easily and the bleeding is unattended with any expulsive effort. Hamamelis in addition to being a styptic seems to exert a special influence on the veins and on treatment of bleeding piles it is one of our best remedies. The best way is to give small doses and to give them frequently. It has been recommended for varicose veins, and I have heard of cases where it has done good in the affection. The internal administration should always be supplemented by the local application. It is a curious fact that years ago the witch-hazel was supposed to possess extraordinary powers of divination, and was used for finding out hidden springs and for the discovery of treasures, mines, etc. It was held in high estimation by the Indians, who, on the whole, were by no means bad judges of the medicinal value of plants.

These meetings at the Medical Society are not only entertaining, but are often highly instructive. On another occasion there was some talk about the treatment of whooping cough—a complaint that for many months has been unusually prevalent. As might be expected, almost as many drugs were mentioned as there were speakers. The inhalation of carbolic acid in the form of spray was said to be most useful, and the practice was advocated of sending children to the gasworks to inhale the fumes when the retorts were being cleared out. Bromide of potassium is a good remedy, and answers best in uncomplicated cases and when the weather is mild. Belladonna, too, is useful, especially if big doses are given. It should be remembered that children rarely suffer much from toxic effects of atropia. Drosera rotundifolia has been suggested as a remedy, not only for whooping cough but for other convulsive disorders, and is certainly worthy of attention.

In the Derby County Lunatic Asylum they have been trying different remedies for epilepsy. I was found that bromide of potassium was the drug form which benefit was most surely and generally derived in chronic epilepsy, and by which the frequency and severity of the fits could be most certainly diminished. Nitrite of amyl and nitro-glycerine were also used with success. Of the latter it is said that while in some cases it aggravates the malady and increases the frequency of the attacks, in others it has conferred most marked benefit. Even when taken continuously for many months it is found to have no injurious effects on the health.

I see that a recent writer has obtained excellent results from the use of nitro-glycerine in a number of cases of chronic Bright's disease, and also in acute nephritis. He suggests, too, that it might be used in cases of recent apoplexy to lessen arterial pressure and so prevent further effusion,

Harnach and Meyer have discovered in jaborandi another alkaloid, which they call jaborine. It is thought that it may turn out to be identical with atropine or with hyoscyamine. It is a curious fact that much of the so-called jaborandi now sold is almost devoid of diaphoretic and sialagogue properties, and I am told that it yields hardly any pilocarpine. Jaborandi is undoubtedly a most useful drug, and it would be a great pity if it fell into disrepute from want of care in the selection of the preparation. Jaborandi is probably the best antidote in cases of poisoning by belladonna, but atropia is so much more powerful than pilocarpine in its action that very large doses of jaborandi would have to be given before any beneficial effects would become apparent. In a case of belladonna poisoning, recently recorded in the German papers, as much as three grains of pilocarpine were given hypodermically before the patient showed signs of recovery.

[Written for the Therapeutic Gazette.]

A Frequent Cause of the Failure of Berberis Aquifolium.

By A. Eddmon, M. D., Tontogany, Ohio.

IT is not the intention of this article to reflect on the physician who prescribes berberis aquifolium in combination with iodide of potassium. My object is only to show, as far as my experience has proven, that it is impossible to secure the full therapeutic effects of the drug in such combination. The following case, which is the second case of the kind, which came under my observation about four weeks ago, illustrates this fact:

A gentleman of Minneapolis, Minn., about 30 years of age, called at my office to consult me in regard to secondary syphilis with which he had been afflicted for the last nine months or more. The inside of his mouth, lips and tongue was affected with syphilitic ulcerations. I prescribed berberis aquifolium, but on discovering the fact he replied that he had taken that remedy regularly for the last six months, three times a day, and that he was just as bad now as when he commenced; that he had lost faith in that remedy, which had been highly recommended by his physician. Having had considerable experience with berberis aquifolium I was rather surprised at the failure in this case, and enquired how he had taken the remedy, and he produced a prescription which he had obtained of Dr. Hammond, of Minneapolis, Minn., which was as follows:

℞ Potass iodide, ʒ iij.
Fl. ext. berberis aquifolium, ʒ ij.
Elixir simpl. q. s. to make a mixture, ʒ vj.
Sig.—One teaspoonful three times a day.

He had taken this for six months steady, during which time he had been compelled to call a physician twice to prescribe for irritation of the stomach from the excessive use of potass. iodide. The man had a good cause for discouragement. In connection with this prescription he used a mouth-wash composed of tinctura ferri chloridi, acidi muriatici dil., potass. chlorate and water, but derived no benefit from it. I advised him to discontinue the above prescription and to use fluid extract berberis aquifolium, (Parke, Davis & Co.) twenty-five to thirty drops three times a day, and to use fl. ext. Eucalyptus Globulus as a wash for the affected parts.

A few days ago I learned from the gentleman that he is improving rapidly under this treatment.

This is the second case which has occurred in my practice in which berberis aquifolium in combination with potassium salts has failed, and in which, when the drug was given alone, the most satisfactory results ensued.

[Written for the Therapeutic Gazette.]

Euonymus Atropurpureus.

By John A. Henning, M. D. Professor of Materia Medica in Eclectic College, Indianapolis, Ind.

COMMON name, Wahoo. There are three varities of this shrub, viz.: E. Atropurpureus, E. Europæus and the E. Americanus. But we desire the attention to the one at the head of this article. This is shrub growing from eight to twelve feet high, and indigenous to the middle and northern portion of the United States. It is a beautiful ornamental shrub, and by some is domesticated in yards and lawns. In the autumn it assumes a fine crimson appearance. The flowers, when fully developed, have a dark purple appearance, and appear in June and July. The bark is the part used for medicinal purposes, and should be kept in dry places, as it readily attracts moisture, and thus easily deteriorates.

From the recently dried bark a concentrated tincture is made with dilute alcohol, from which Euonymin is obtained by precipitation. The bark is also found to contain asparagin, euonic acid, malic, citric and tartaric acids, besides starch, resins and pectin, and perhaps other vegetable principles. I prefer either the pulverized crude article or a fluid extract.

Medical Action and Uses.—I admit that this is an old remedy, and perhaps many have laid it aside, but the "Wahoo Bitters Man" made a fortune from it, as it is particularly a stomach remedy. The bark is the only part used, and should be gathered in the spring before flowering. The pulverized bark, or a fluid extract made from it without applying heat, is a tonic, diuretic, laxative, cholagogue, and slightly antiperiodic. It acts very promptly when given in doses of from three to five grains of the pulverised bark, or from fifteen minims to ʒ ss of the fluid extract. If given in doses of ʒ ss to ʒ ij, it causes too much depression. But when properly administered, it is an admiral remedy in dyspepsia, arising from atony of the mucous membrane of the stomach and bowels, and also when there is torpor of the liver and bowels. It also excites the secretion of the kidneys. It is an excellent remedy as a

tonic, in convalescence from fevers and inflammation, and in recovery from any form of disease, when the progress is slow. In such cases it acts as a direct tonic, rapidly increasing the appetite; and I know of no remedy that supersedes it in this particular. Its action on the kidneys in such cases is very beneficial, removing the solids of the urine, and rapidly ridding the system through this emunctory of the effete matter, and worn-out tissue, created by the diseased process. I have used this remedy as above described for many years, and would not willingly do without it. It must be given in small doses, and often repeated if its best results are aimed at.

Abstracts and Translations.

[Condensed and translated for the Therapeutic Gazette from the Archiv für Expermentelle Pathologie und Pharmakologie, Oct. 30, 1880.]

Pharmacological Study of Podophyllum Peltatum.*

This work, though still unfinished, is of unusual interest, especially for American physicians by whom the plant and its preparations have long been used medicinally. The author verified and completed the experiments of Buchheim, and in such a manner as to leave no room for doubt as to the correction of the conclusions reached. In order to isolate the active principle of Podophyllun peltatum he made use of different solvents, and succeeded by the use of chloroform and petroleum-ether in separating a white substance, crystallizable with difficuity. Experiments made with this principle on the lower animals indicated that in all probability, it represented the true active principle of Podophyllum. It was named by Dr. Podwyssotzki podophyllo-toxin. This principle is sparingly soluble in water, freely in alcohol and possesses an intensely bitter taste. Its reaction, in alcoholic solution, is feebly acid to test paper. It is exceedingly powerful, a dose from one to five milligrammes (1-60 to 1-12 grain) having produced the death of a cat.

By treatment of podophyllotoxin with calcic or ammonic hydrate, another principle was separated, which was crystalline and chemically different, insoluble in water and very active medicinally. On account of its strongly bitter taste it obtained the name of picropodophyllin. The alkalies used in separating this substance combine with a second element which when isolated is found to have a decided acid reaction, is easily soluble in hot water and has been given the name of podophyllinic acid. The view of the author is that both of these substances are united chemically in podophyllotoxin.

A third substance isolated from the rhizome of podophyllum, crystallized in yellow needles and has all the properties of quercitin. A fourth body obtained consisted of a green oil besides a crystalline fatty acid, both of which, however, were devoid of activity.

The method of preparation of podophyllotoxin depends on the solubility of this body in chloroform and its insolubility in petroleum-ether, in which both quercitin and the fatty acids are soluble. This principle melts at a temperature of 115° to 120° C. after previously caking from a powdered form to a sort of gummy condition at 95° C. At 230° C. white vapors are evolved, while the mass assumes a brown color which gradually becomes darker, and at a higher temperature finally chars. When ignited on platinum foil it burns without even a trace of ash.

The principle named picropodophyllin usually comprises about eight to ten per cent. of commercial podophyllin. A characteristic of this substance is the facility with which it crystallizes, which occurs with its solution in various menstrua, being even separated in extremely fine needles when its spirituous solution is precipitated with water. When crystallized by a slow evaporation from a strongly concentrated solution it takes the form of microscopic needles of considerable length, which for the most part arrange themselves in star shape. The microscope discovers these crystals to be very thin, flexible prisms, which are frequently cleft at the ends.

Pure picropodophyllin dissolves slowly in cold, ninety-five per cent., alcohol, more quickly in this liquid when heated, while weaker alcohol dissolves it very sparingly in the cold. The hot solution deposits the excess, on cooling, in crystalline form. Chloroform dissolves it very readily, ether and acetic ether are also good solvents, while it is entirely insoluble in benzine and petroleum-ether. It is as good as insoluble in water ether hot or cold, though after protracted boiling it communicates to the water a bitter taste. Fats, such as olive or almond oil, dissolve it freely when aided by heat. Aqueous solution of soda-soap is also a good solvent; with these latter solvents, however, a portion crystallizes out again on cooling. The alcoholic solution is absolutely without action on vegetable test paper; its taste is unbearably bitter, and very persistent.

Picropodophyllin is odorless, and fuses at 195° to 200° C. to a colorless syrupy liquid. At 260° C. it effervesces strongly, and at still higher temperature gradually chars. It can not be sublimed, and when heated on platinum foil it decrepitates and burns without leaving any ash.

Treated with concentrated sulphuric acid it dissolves with a reddish-brown color which gradually changes to a dirty green. Its reaction with glacial acetic acid is very interesting. With the aid of a gentle heat a large quantity dissolves in the acid. If the solution be allowed to evaporate slowly, beautiful crystals separate of wide plate-shaped prisms which group themselves as stars. Even when diluted with water acetic acid dissolves considerable picropodophyllin.

After ascertaining positively that no nitrogen was contained in the substance, 0.2958 grammes were taken for the purpose of determining its elementary composition and made to undergo combustion in a platinum boat, in a stream of oxygen with the precaution of placing oxide of copper in front of the substance under examination.

The quantity taken for examination, 0.2958 gramme, remained, after desiccation of 0.3100 grammes, in a sulphuric acid chamber, and final

* By Dr. Valerian Podwyssotzki, Privat-Docent and Assistant at the Pharmacological Institute of the Dorpat University. Russia.

exposure to a heated stream of air until the weight remained constant. The weight lost during this process, 0.0142, equals 4.58 per cent.

The result of the elementary analysis proved the picropodophyllin to consist of

Carbon, 67.71 per cent.
Hydrogen, 5.88 " "
Oxygen, 26.41 " "

So far no characteristic products have been obtained from this substance by the action of oxydizing agents upon it (as nitric acid, or magnese hyperoxide and sulphuric acid). The action of alcoholic alkalies, however, transforms it into a substance of distinctly acid reaction, which body, it is the intention of the author to submit to further examination for his next essay on the subject.

Picropodophyllin possesses the characteristic emeto-cathartic properties of podophyllum when administered to man or animals. When dissolved in hot olive oil its action is very analagous to that of podophyllotoxin, being, however, considerably weaker; for producing death in a cat at least 0.03 gramme being necessary. The author regards as the cause of its weaker action the greater difficulty of assimilating the crystalline body. This principle cannot well be applied subcutaneously, as the alcoholic solution, immediatly on coming into contact with the aqueous fluids of the tissues, deposits all the picropodophyllin in crystalline form. A close examination of the punctured region will corroborate this statement. When administered by the mouth a large portion of the substance is lost by being vomited, and that the crystalline separation takes place also in the alimentary canal is shown by the fact that the first fæcal discharges always contain the characteristic crystals of this body.

Podophyllinic acid is, according to the author, extremely difficult to obtain in a pure state, but when administered pure, is entirely inactive. Further investigations of this acid are also contemplated by the author.

A subtance of the nature of quercitin is obtained from the rhizome, after removal of the podophyllotoxin, by extraction with ether and re-crystallizing from alcohol. It appears in the form of very minute lemon-yellow needles. It is easily soluble in alcohol, ether and acetic-ether, but with difficulty in chloroform. In alkalies it dissolves with a deep yellow color; with lead acetate it gives in its alcoholic solution, an orange-red precipitate. Ferric chloride colors its solution in alcohol a dark greenish-black, a reaction which occurs even when only very small quanties of this body can be discovered.

A mixture of concentrated sulphuric and nitric acids colors this substance a deep blood-red; it melts at 247° to 250° C., heated further it begins to blacken, yellow vapors are evolved and a yellow sublimate is deposited on the walls of the vessel, which sublimate appears under the microscope to consist of fine yellow needles grouped in shape of stars. The percentage composition of this substance, as determined from its combustion in oxygen with aid of oxide of copper, proved to be:

Carbon, 59.37 per cent.
Hydrogen, 4.47 " "
Oxygen, 36.16 " "

In drying the substance lost 12.4 per cent. water. According to Illasiwetz and Pfaundler the formula of quercitin is C_{27}, H_{18}, O_{12}, which corresponds to a percentage composition of

Carbon, C. 60.67 per cent.
Hydrogen, 3.37 " "
Oxygen, 35.96 " "

The agreement of these figures with the results of analysis is sufficiently close, as the author remarks, to render the identity of both bodies probable. The physical properties of this body including its behavior with solvents, subliming and melting points, reactions with ferric chloride and alkalies all establish a remarkable resemblance to quercitin.

As this substance is, however, of minor interest, by reason of its inactivity, further researches therewith have been abandoned by the author.

On the therapeutic action of the pure active principles derived from podophyllum in the experimental determinations made on dogs and cats, the first results noticed were a propensity to indulge in the motion of licking, succeeding restlessness and then vomiting, which occurred once or twice, followed by purging, rapidly in case of subcutaneous application, more slowly with internal administration of the poison. The fæces are at first of a soft consistence, then of a slimy nature, and near death the mass excreted has a bloody tinge. Frequently, though the occurrence is not regular, the dejections are of a deep bilious color, after being very copious and watery and again very sparing. The author observed in several cases, on the approach of death, the discharge of colorless glossy gelatinous masses composed almost entirely of epithelium and slime, The vomiting sometimes ceases toward termination of life, but can may continue with great violence until life is extinct.

Among the rarer results is the occurrence of salivation which has been observed only to follow internal administration. The nervous symptoms appear soon after subcutaneous administration (in one and a half to two hours) with disturbance of co-ordination in the hinder extremities, the animals walking very clumsily, their hind legs interfering with one another, and falling readily to the ground; this condition is attended by a rapidly increasing weakness, the increase, however, not being always proportionate to the gastro-intestinal symptoms. The respiration proceeds at an enormously rapid rate, the temperature sinks considerably, while on the approach of death frequent clonic cramps set in; the final dissolution occuring while the animal is in a comatose condition.

On dissection, immediately after death, the heart is found still active, the mucous membrane of the stomach is almost without exception strongly flecked with red spots very moist and moderately swollen. The intestines are for the most part strongly contracted, their mucous membrane as a rule presenting less hyperæmia than that of the stomach, but very succulent in their entire length and covered with saline and detached epithelium. With dogs, the author found in several cases, a small loss of substance of the ileum. The liver is remarkably small and flaccid, very dark and insanguinated, while the gall bladder is often full to distention.

REVIEWER'S NOTE.

The completion of this investigation is looked for with interest and will in due time be laid in due time be laid before the readers of the THERAPEUTIC GAZETTE. The reviewer has, himself, prepared podophyllotoxin in form of powder, and also entirely white according to the method of the author, likewise for the purpose of conducting investigations with it.

[Translated for the Therapeutic Gazette from the Med. Chir. Rundschau, August, 1880 No. 8.]

Investigation of the Action of Sclerotic Acid on the Puerperal Uterus.

This acid was first prepared from secale cornutum by Dragendorff and Podwisotzky. It has been represented as a permanent and vigorous remedy, acting on the uterus more powerfully than ergotine. The author experimented with this acid on thirty pregnant women, in order to determine its action on the uterus. The result of his researches was as follows: A dose of less than one gramme of the acid does not seem to produce any notable or constant results, either with reference to the number or duration of the contractions; in larger doses than one gramme, the contractions increased a little in frequency, which increase is, however, not in proportion to the increase in dose. The duration of contractions is influenced in a greater degree, though in doses as large as three to four grammes it does not seem to be increased by more than one-half.

With reference to the rapidity of its action it appears from these experiments that the average lapse of time before its effects are noticed is thirty minutes. The effect of sclerotic acid on the uterus can be observed during a period of from three to four hours, after which it gradually disappears. In spite of the gradual increase of the dose up to five grammes, no especial increase of its action could be noticed. In order to determine its action on the entire organism, the temperature and pulse were observed in several cases, without obtaining concordant results. In two cases a reduction of the pulse and increase of the temperature was noticed; the number of cases observed, however, is too limited to furnish ground for conclusions; further secondary effects could not be observed, with the exception of a mild constipation. The effects on the nervous system, headache, or symptoms of ergotism, were always absent.

The author himself states that he does not believe a practical appreciation will be found for sclerotic acid.

The commentator used sclerotic acid several years ago, but was soon led to discontinue its employment as it was not capable of replacing ergotine.

[Translated for the Therapeutic Gazette from the Gazette Medicale de Paris.*]

Phenic Acid as an Antipyretic.

Dr. Desplato furnishes an article on this subject with the following conclusions:

1. That phenic acid administered in sufficient doses to fever patients, always lowers the temperature temporarily.

2. That the low temperature can be kept up by continued doses, and thanks to this agent the doctor can at will control the temperature of his patients.

3. That doses of phenic acid even considered poisonous, can be passed over with safety. He cited patients who had taken eight, ten, or twelve grammes of the acid for many continuous days.

4. The rectum is the best mode of conveyance, and two grammes is the ordinary dose.

In the debate on phthisis before the Paris Academy, Dr. Lancraux concludes as follows on the geography of phthisis:

[Translated for the Therapeutic Gazette from the Gazette Medicale de Paris.*]

Predisposing Causes of Phthisis.

1. The polar regions are not favorable to the development of phthisis. It is scarcely met with and increases slowly.

2. The temperate regions are the chief locality of the disease—especially in crowded towns.

3. Tropical regions, all things else considered, indicate a more rapid growth of the disease and causes greater ravages.

The influence of race is least of the causes. Heat and cold have no special influence on the kind of phthisis. High altitude has a comparatively beneficial influence. Insufficient and putrid air, bad alimentation, alcohol in excess, want of muscular exercise, all favor the increase of pulmonary tubercle. It is a malady of civilization which ought, in a great measure, to be prevented, and which concerns every body from the pupil in the school to the poor living under ground in hovels.

[Translated for the Therapeutic Gazette from Revista Madrid, No. 96. Article by Dr. Jochheim.*]

Diphtheria and Ozone.

Ozone is reputed to be capable of curing all cases of diphtheria. Dr. Jochheim makes the gas by mixing slowly thirty grammes of permanganate of potassium with the same quantity of concentrated sulphuric acid, perfectly pure, in a space of twenty-five centilitres—a little over eight ounces. The same apparatus serves as an inhaler. The gas is directed against the local diphtheria deposits on the tonsils and fauces from three to five minutes, repeating the operation every one or two hours, according to the severity of the case. With very small infants the mouth is kept open by a flattened cork. If cough is produced then the gas is introduced by the nostrils. He also uses gargles of permanganate of potash, and also gives internally a powder of three centigrammes (four-tenths of a grain) and twelve centigrammes (nearly two grains) of muriate of quinia, mixed with honey for children, in order that the ozone may be mixed with the acids of the stomach.

The topical and internal treatment by ozone would be inefficacious unless assisted by a diet of easy digestion to strengthen the system, and composed of rich soups, wines of Bordeaux, ales, champagnes, cognac and rum. Naturally all depressing measures like emetics, purgatives, and bleeding must be avoided.

[Translated for the Therapeutic Gazette from the Gazette Medicale de Paris.*]

Charcoal in Infantile Diarrhœa.

Before the Paris Academy of Medicine Dr. Guerin

* Translated by C. R. Cullen, M. D., Richmond, Va.

stated that a teaspoonful of powdered charcoal in a cup of milk with a little coffee added was excellent treatment. In a little while—sometimes the first day—the passages change consistence and ordor and the green color becomes natural. This mixture is is easily made, and infants drink it as if it were milk alone. At the same time Dr. Guerin adds a little sweetened water to one-third or one-half milk and infants like it, and often it stays vomiting. He has seen infants sick six or eight days with uncontrollable diarrhœa recover in three days.

[Translated for the Therapeutic Gazette from the Gazette Medical de Paris, No. 30.*]

Traumatism and Scarlatina.

The Congress held at Rheims, by the French Association for the advancement of science, has terminated its labors. The communications addressed on the section of medicine have been numerous, but few have been distinguished for originality. The chief exception was in the article of Prof. Verneuil on the subject of "Traumatism and Scarlatina." He believes that wounds afford a ready receptacle for contagious diseases. Twenty years since Murchison had observed a certain number of cases of scarlatina supervening in a hospital where the eruptive and contagious diseases were severely presented. Paget had also observed similar facts in a short space of time, and agreed with Trousseau that the incubation of scarlatina is within three or four hours after an operation. Another English surgeon, Holmes, has observed similar results in Guy's Hospital. Riedinger has observed ten cases of scarlatina in the hospital of Mersburg.

[Translated for the Therapeutic Gazette from the Revue de Therapeutique.*]

Treatment of Traumatic Erysipelas by Collodion.

After having observed its use in the practice of the lamented Broca, it is impossible not to proclaim the excellence of collodion in this disease. Our readers all know that collodion was introduced by Maynard, of Boston, and Robert de Latour was one of the French physicians who used this remedy successfully in diseases of the scalp. He applied the collodion not only on the diseased parts but also on the sound parts surrounding, one or twice a day according to the severity of the disease.

[Translated for the Therapeutic Gazette from the Paris Medicale.]*

Danger of Paper Collars.

It is necessary to be on our guard against the use of paper collars which we have taken from American fashions. The paper is made up of arsenical preparations, which are absorbed by the skin of the wearer. Lately an English lover of paper collars was taken with symptoms of arsenical poisoning. Dr. Adams, of London, analyzed the collars and discovered the arsenic.

[Translated for the Therapeutic Gazette from the Le Scalpel. Article by Dr. Scheinmer.*]

Prevention of Small Pox Pitting.

The face is covered by a thin mask, coated on one of its sides with the following preparations:

1 Phenic acid. 4 to 10 grammes.
Olive oil 40 grammes.
Chalk, powdered, 60 grammes.

2 Thymol, 2 grammes.
Linseed oil, 40 grammes.
Chalk, powdered, 60 grammes.

The mask covered with one or the other of these liniments is renewed every twelve hours.

*Translated by C. R. Cullen, M. D., Richmond, Va.

Correspondence.

Otitis Treated by California Laurel.

Was called in the evening to see Mrs. Byers. Found her in bed suffering with otitis. One ear had gone on to suppuration and was discharging. The other had the stinging, burning pain characteristic of inflammation, and impending suppuration. She had high fever, but chilly sensations. I ordered the suppurating ear to be well cleansed, and then two or three drops of fluid extract of laurel to be dropped in; also to be dropped into the other ear a few drops of the same. I left the proper sedatives and retired. Next day found patient almost entirely relieved from pain. The continued use of the laurel had evidently prevented the other ear from suppuration. She said it was the first time in her life that such an attack had been aborted. All she had ever before experienced from treatment was to have her sufferings mitigated. She was happily disappointed, and now feels with this medicine in her possession, that she has a preventive to those distressing attacks to which she is subject.

L. MANN HAMMOND, M. D.

KANSAS CITY, MO.

Two Severe Cases of Chronic Constipation.

Mrs. R., æt. 35. This patient called at my office in Nov. 1879. She stated she believed herself to be consumptive; an examination of chest, however, did not confirm her suspicions; indeed her lungs were in perfect condition, of which fact I finally convinced her. I soon traced her trouble to her bowels, which she stated went frequently eight and nine days without movement. Her weight was 116 pounds. I placed her on fluid extract of cascara sagrada, at first giving a teaspoonful before bedtime. The result was marvelous; in two weeks her bowels became regular, and a reduction of the dose was necessary. One year has passed, and Mrs. R. now weighs 156 pounds; her bowels are regular, and her despondency has disappeared.

Mrs. O. S., æt. 74. This patient tells me her bowels move on an average once a week, but frequently she goes nine days, and this condition of things had covered a space of more than ten years back. She, too, was put upon cascara sagrada with quite as satisfactory results.

GEO. W. ORR, M. D.

CENTRAL MINE, Keweenaw County, Michigan.

Coca Erythroxylon.

I obtained a sample of "Fluid Ext. Erythroxylon Coca," which I have employed with success in several cases of gastric disturbance arising from excessive indulgence in beer and alcoholic drinks—a condition usually called "biliousness," by drinking men. I have also found it useful in cases of dyspepsia, accompanied by eructation of gas after eating. It seems to possess decided tonic powers in arousing the functions of the stomach to activity.

EDW. P. VOLLUM, M. D., U. S. A.

FORT HAMILTON, N. Y.

The Therapeutic Gazette

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CARL JUNGK, Ph. D. } Editors.

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Rectal Alimentation (Continued.)

OUR readers will be both interested in and instructed by Prof. Stowell's reply, in our present issue, to our criticism of his criticism of statements made by a recent correspondent, regarding the permeability, from below upwards, of the ileo-cæcal valve. As a piece of specious argument and special pleading the reply certainly commends itself. We have no interest in the matter further than a desire to arrive at the truth, and to that end are pleased to listen to arguments which on their face would seem to controvert our own individual opinion, an opinion which, we are obliged to admit, is based rather on our own clinical observations than on the opinions of others. We confess that the quotations from authorities to which Prof. Stowell treats us come to us as something somewhat new. As we have noted the fact that patients to whom nourishment by the stomach has been impossible, have been sustained for an indefinite length of time by composite substances, which our conceptions of the function of the large intestine led us to believe could only be prepared for absorption by the stomach or the small intestine, we very naturally concluded that the ileo-cæcal valve must have allowed them to pass through. Again as we have stood by the patient with the strangulated hernia, and have seen him thrown up fæces, we never once imagined that fæces could come from the small intestines. But Prof. Stowell tells us we have been deceived, and, although he has no facts of his own to justify him in casting a doubt on the evidence of our senses, he has culled from his books the statements of others, with which to gainsay our belief. There is, however, one singular fact in his quotations, and that is they are all made to sustain his dictum: "practically it (passage from the large to the small intestine) never occurs." This unanimity creates a suspicion that the Professor has fallen into the error of the polemic, and cares only to see one side. Are there no "theorizers of the closet, and of the physiological laboratory" who hold different views from those held by Professor Stowell, or has the gentleman, because of temporary color blindness, over looked their statements?

Our reading, on this subject, we repeat, has not been as extensive as Professor Stowell's and that must be our excuse for not presenting the numerically imposing list of authorities to which he has treated us. The few we give, however, will probably be sufficient to lead the practical physician who has sustained the life of his patient by means of "boiled eggs, meat broths and pulps' to believe that these substances passed through the ileo-cæcal valve, rather than that they were digested, prepared for absorption and absorbed by the large intestine:

Prof. T. Holmes, M. A. Cantab., in his Treatise on Surgery says, "Strangulation is marked by total and usually sudden constipation, and urgent vomiting, at first merely of food, then of bile-stained matter, next of the contents of the small intestines, and finally of fæces." He doesn't say, as Professor Stowell interprets Dr. Brinton to say, "this is the end, nothing can come from a point past the ileum." He says "finally of fæces." Now Flint says "the odor of fæces is characteristic and quite different from that of the contents of the ileum." And again: "When the contents of the small intestines have passed the ileo-cæcal valve, they become materially changed in the general character, partly from admixture with the secretion of this portion of the canal, and are then known as fæces. The most palpable of these changes relate to consistence, color and odor." And still again: "The odor of the fæces is *sui generis* and is developed only after the matters have been discharged by the ileum into the large intestine." So Professor Holmes, if he depended alone on his senses of smell and sight, as the most of us have done in similar cases, could scarcely have fallen into a blunder.

Dr. John Syer Bristowe, in the very article on "Obstruction of the Bowels," in Reynold's System of Medicine, in which Professor Stowell finds an argument in support of his position says, "there is no doubt that vomiting is an earlier, a less interrupted and a more severe symptom, in proportion to the nearness of the seat of obstruction to the stomach, and that for this reason it is a more marked accompaniment of obstruction of the small intestines than of obstruction of the large." In connection with this statement take the following from Habershon on "Diseases of the Stomach" from which author Dr. Stowell also quotes: "but if the colon, sigmoid flexure, or rectum be the seat of the disease vomiting is often postponed for a considerable time unless irritant medicines and violent purgatives have been administered. As the vomiting continues the excreted matters present the character of the fluids at the seat of obstruction." Although there is in these quotations no positive declaration of belief on the question under consideration, we think no dispassionate reader will question the inference that in the authors' opinion if obstruction takes place in the large intestine the vomited matter will be the contents of that portion of the bowels, the ileo-cæcal valve to the contrary notwithstanding.

But nothwithstanding Professor Stowell's "practically it never occurs," the authorities or at

least several of them, from which he quotes admit the possibility of it under certain circumstances. Flint says that "True stercoraceous vomiting rarely, if ever, takes place." But in another place he says "it is not, however, improbable, as has been conjectured, that regurgitation may sometimes take place to some extent, provided the ileum as well as the cæcum at the point of junction be distended." Dr. Stowell quotes from Wood's Practice to the same purport. For aught we know the ileum is very generally distended immediately above the valve, and may not the anti-peristaltic action excited by the enema supply the other condition, distension of the cæcum? Professor Stowell will scarcely deny this possibility, and if he does not, the wisdom of modifying his "practically it never occurs" may suggest itself.

But the above argument is too much of the nature of that advanced by Dr. Stowell, it is inferential,—predicated very largely on a known post-mortem peculiarity of the ileo-cæcal valve. It is possible there is a difference between the valve as a mechanical structure and the same valve as a vital apparatus. The following from H. C. Wood's "Therapeutics, Materia Medica and Toxicology" is of a more positive nature: "The forced injection of large quantities of water for relief of certain diseased conditions has long been employed in an irregular way; but the practice has become more common since Gustav Simon has proven the possibility of readily filling the large and even the small intestine, by forcing water into the rectum and through two patients suffering from intestinal fistula." "When it is desired to force fluid into the small intestine, much depends upon the introduction being performed slowly, and the patient should be placed upon his knees and shoulders, so that the pelvis may be higher than the shoulders." This language is very unequivocal. Dr. Campbell, referred to in our previous remarks, found large numbers of fæcal scybalæ or balls scattered throughout the small intestine in certain experiments. Stillé's "Therapeutics and Materia Medica:" "To fill the colon of an adult, three or four pints of liquid are necessary, and there is reason to believe that a portion of it may pass through the ileo-cæcal valve." Readers of the medical journals of late years must have noted accounts of the vomiting of material administered by the rectum. The following is from an article on "Enteroclysm" by Dr. Cantain in Revue des Sciences Medicale, and copied into the London Medical Record, from which journal it went the rounds in this country: "The first case was that of a woman, 20 years of age, who suffered from a stercoral congestion of the cæcum, which resisted all treatment, and was accompanied by fits of gastralgia and frequent vomitings, so as to give rise to the supposition that there was and ulcer of the stomach. Daily irrigations with two or three pints of olive oil, by means of enteroclysm, were prescribed. The first irrigations brought with them some hard matter, but the third day, during the application of the enteroclysm, the patient said she felt the oil rise up and reach the stomach. She was immediately seized with nausea and violent efforts to vomit, and brought up half a pint of oil. * * * * In the second case a woman æt. 30, after the introduction of a litre and a half of oil, by means of enteroclysm, the patient was seized with eructation and vomitings containing oil after which the pains and the stercoral tumor disappeared entirely. * * * * * These two cases seem to demonstrate, on the one hand that liquids can pass beyond Bauhin's valve and reach the stomach by passing the pylorus, and, on the other that the anti-peristaltic movements, the existence of which is denied by some writers do really exist. It results from these facts that enteroclysm may be used with advantage in feeding patients, since the liquids introduced by this means may reach the small intestine." But Prof. Stowell will meet these positive assertions will the statement that the valve was imperfect in these cases. Perhaps it was.

Professor Stowell says "better let the explanation of the digestion of food in the rectum and colon rest for a time, than to try to force the food through an impassable valve, up twenty feet of tubing to a dilated sac." But we know that rectal alimentation is possible; even Dr. Stowell admits this, and it is, furthermore, possible with substances that must be digested before they can be absorbed. Now Flint, Jr., the physiologist, says digestion in the large intestine is impossible: "It is now almost universally admitted that the digestion of all classes of alimentary substance, is completed either in the stomach or small intestine, and that the mucous membrane of the large intestines does not secrete a fluid endowed with any well marked digestive properties. The simple follicles, the closed follicles, and the utricular glands, produce a glairy mucus, which, as far as we know, serves merely to lubricate the canal."

There are other points in Professor Stowell's paper which are not impervious to criticism, but they are immaterial and we have, furthermore, no space to devote to them. His argument, for instance, based on the irritability of the stomach in disease of that organ, is extremely farfetched, and requires no further attention than our objection to his making us (inferentially) to say that it is necessary for food administered per rectum to reach the stomach before it may be digested. Such perversion of argument is not warrantable even in the controversialist, and much less in the scientist.

Our Exchanges (Continued).

Cincinnati Lancet and Clinic, edited and published by Drs, J. C. Culbertson and J. G. Hyndman. This very estimable journal comes to us weekly. As its compound name suggests, the journal is formed by a union of two other journals. One of these was itself the result of the union of two journals, and the history of combinations and recombinations of this nature in Cincinnati, shows the Lancet and Clinic to be the development of a somewhat complex evolution. Being the representative of the profession of the "Paris of America," it shows that profession to be alive and progressive.

Detroit Lancet, edited by Dr. Leartus Connor: Our home contemporary regards itself (and we do not dispute the claim) as the oldest medical journal in the north west. Not that it is itself, individual-

ly, the oldest, but it is lineal descendent of a journal which was started at a day since which the other journals of this section of the union, and indeed the great majority of all American medical journals, sprung into existence, to wit, the Detroit Review of Medicine and Pharmacy, which was brought forth some fifteen years ago. Dr. Connor has been continuously connected with the publication about a decade, and may thus be regarded as a veteran. There are but very few contemporaneous editors of American medical journals who have been in the harness this long. The Lancet evinces evidence of age and experience in its pages, and we wish it well.

Druggists Circular. Under the fostering care of the late Dr. L. V. Newton, who for some 20 years edited and published it, this journal grew to be the most popular druggist's journal in this country. And not only druggists but physicians have found it valuable. It has since Dr. Newton's death, a few months ago, been published by Mr. John Newton, but its editor's name does not appear. The same good taste and judgment, however, which have made it a success are still apparent.

Eclectic Medical Journal, published at Atlanta, Ga., and edited by Drs. Adolphus, Borland, and Goss; and the Eclectic Medical Journal published at St. Louis, Mo., and edited by Dr. George H. Field.

These journals are both conducted with commendable spirit, and ably support the interests of the system of practice which they represent. Dr. Goss has written a great deal, and has done much to bring to the notice of the general profession valuable remedies which for a long time were employed exclusivaly by eclectic practitioners. Dr. Field has incurred the displeasure and enmity of a clique in the eclectic ranks whose head-quarters are at Cincinnati, but he has a large following and an enthusiastic support by those who rebel against the one-man idea, (Scudderism) which the clique referred to so largely represents.

Gaillard's Medical Journal. We will not attempt to give a history of the forms and names which this journal has taken since its inception. Suffice it to say that it was, until a year or so ago, for a long time familiar to the profession as the Richmond and Louisville Medical Journal. During all its years and its changes, with the exception of a year or so when sickness prevented, the same indefatigable and irrepressible Gaillard has been at the helm. The journal was removed to New York on the editor's recovery from his alarming illness about a year ago and then took its present name and its scarlet cover. We are glad to hear of its success in the metropolis, and congratulate our brother Gaillard on its prosperity. May this prosperity continue, and may the same spirit long be spared to guide its destinies. The journal is a monthly, and the subscription price is a V.

Good Health. Edited by Dr. J. H. Kellogg, of Battle Creek, Michigan, and devoted to "physical, mental and moral culture." This journal is intended chiefly for popular reading, and has, we are told, the largest circulation of any health journal in America, and is the leading popular health journal in the world. We are glad to hear all this, and an examination of its pages is alone sufficient to attest the good judgment of its host of readers.

The Homœopathic Times, published in New York, and edited by Drs. Egbert Guernsey, Alfred K. Hills, and J. B. Gilbert. This journal although homœopathic in name is nevertheless one of the most uncompromising enemies of the system as it is usually understood and as it was enunciated by Hahnemann. It goes so far as to deny that homœopathy is an exclusive system of medicine, and that it is the only true healing art. It says the Organon containing a great of wisdom and a great deal of trash. We enjoy the reading of the Times, and although we cannot go with it all the way in its claims for similia, we nevertheless commend its outspoken condemnation of "potentization," and "dynamization"—tenets which have made laughing stock of all sensible men. There is, in fact, not a very great gulf between homœopathy as enunciated by the Times and rational medicine. The journal is conducted with ability.

The Hahnemannian Monthly, published in Philadelphia by the Hahnemannian Club, and edited by Drs. Farrington and Dudley; and The Homœopathic Expositor, published at Ithaca, N. Y., and edited by Edward J. Morgan M. D., are homœopathic through and through, and consequently leave us not a tittle of common ground on which we can stand. If these journals were more like the Homœopathic Times we could possibly harmonize on some points, but they are homœopathic of the "most straightest sect," and all we can do is to admire the zeal with which they uphold their peculiar belief, a zeal which we would fain see exerted in another directinon.

Independent Medical Investigator. This journal is a monthly and is devoted to "progressive medicine;" edited by Drs. Marsh and Vawter, of Greenfield, Indiana. Its proclivities are eclectic and it gives no quarter to the "old school."

Index Medicus. A monthly classified record of the current medical literature of the world, published by F. Leypoldt, 13 Park Row, New York. Compiled under the supervision of Drs. John S. Billings, U. S. Army, and Robert Fletcher, M. R. C. S. Eng. The title of this journal explains its object. It is such a publication as the advanced and complex status of medicine renders necessary. To the progressive physician, and especially to him who pays particular attention to any particular division of medicine, it is indispensable. To take all the journals published would be impracticable, and thus many of the advances which the specialist should know all about, are apt to escape his attention. The Index Medicus contains a monthly record of all these advances, and indicates the journal and page in which they are to be found. The price is $6.00 per annum and would be less if greater support were given the publication, and it is worthy of a liberal support.

Journal of Mental and Nervous Diseases. Published at Chicago, and edited by Drs. J. S. Jewell and H. M. Bannister. of that city. Drs. W. A. Hammond and Meredith Clymer, of New York, and S. Wier Mitchell, of Philadelphia, are associate editors. A quarterly journal. There is no doubt that this is the leading journal devoted to the diseases of the nerves and mind, in this country, and scarcely any doubt that it is the leading periodical of this nature in the world. Its circulation must of necessity be limited, as the number

of those who devote themselves to this branch of medicine is small.

Kansas Medical Index, edited and published by Dr. F. F. Dickman, of Fort Scott, Kansas. This is a little journal which was started a year ago in the interests of the profession of Kansas, and of the publisher. It has pulled through the first year, which is usually so trying to infants, and its vigorous appearance as a yearling shows that it draws its support from a source which will probably be sufficient to sustain and nourish it until it becomes able to sustain itself. We wish it a happy New Year and many of them.

The Philadelphia Medical Profession and Copyrighted Medicines.

AS a gratifying indication of a return to professional integrity in the matter of copy-righted medicines, it gives us pleasure to note the recent action on the part of the profession of Philadelphia. There is a singular appropriateness in the fact that a declaration of independence from this gross abuse should first be formally made where first rung out the notes of Liberty bell. No fact has been more apparent than that the imposition on both physicians and druggists in the matter of copyrighted nostrums and patent medicines, has of late years been becoming more and more flagrant and unbearable. It is, we believe, a mistake to lay the sole blame of the gross abuse at the door of the druggist.—It is true he keeps on his shelves patent medicines galore, but in so doing he but "executes the villainy" which the physician has taught him. The physician who berates him for selling patent medicines, regularly prescribes patent medicines himself, and thus negatives his very virtuous precepts by his very pernicious example. There is neither ethically or scientifically a tittle of difference between Jayne's Expectorant, Kennedy's Golden Medical Discovery, Mrs. Winslow's Soothing Syrup and the thousand and one other nostrums, the advertisements of which deface our fences and dead-walls, and bromo-chloralum, cincho-quinine, diphtherine, ingluvin, firwein, lactopeptine, hydroleine, fluid hydrastin, maltine, iodo bromide calcium comp, and the host of other copyrighted compounds which medical journals advertise and physicians regularly prescribe. The druggist would gladly banish all such nostrums from his shelves and confine himself to his legitimate profession of compounding prescriptions, but the physician prescribes them, and he must keep them.

The retail druggists of Philadelphia are in complete sympathy with the efforts of the profession to rid medicine of this standing reproach, and are subscribing to a mutual Code of Ethics in which occur the following significant passages:

"It is impossible to satisfy the demands of science under the system of exclusive control instituted by trademarks, copyrights, and patents (as is shown by the entire patent and trade-mark system of manufacturing and selling medical nostrums)."

"And the medical profession, on the other hand, promise support to legitimate pharmacy by the withdrawal of their prescription patronage from all remedies controlled by trade-marks, copyrights, and secret formulæ, so far as they can discern the same, and thus withhold their business patronage from manufacturers who advertise such remedies to the profession and the public."

The Medico-Legal Society, through which the profession are acting, was requested by a resolution of a late meeting of the profession to send a committee to all respectable druggists, requesting them to "place out of sight all patent medicines and to discourage their sale."

We believe that co-operation in the above matter, if general throughout the country, would have a doubly beneficial influence. Besides tending to correct the pernicious system which has crept in, it would create a mutual confidence between physicians and pharmacists, properly members of the same profession, and thus heal the breach which has been created between them, and which it is to be feared has been growing broader and more serious of late years.

There is another view of this subject which has been largely overlooked: the hypocrisy of the pharmacists who resort to patents, copyrights, and trade-marks to aid them in creating a monopoly of certain of their products. The majority of them manufacture also a full line of pharmacopœial preparations, and under the cover of thus ostensibly conforming to the recognized standard, they appeal to reputable physicians for patronage. Claiming on the one hand to conform to the ethical requirements of the profession, they, on the other hand, openly violate the Code to which the regular medical profession hold allegiance. The physician who would patent, or copyright, or even keep secret a formula would be disciplined, and yet perfectly cognizant of this fact these manufacturers have the effrontery, while practicing this violation of the physician's Code to coolly ask his support!

The article by Dr. F. E. Stewart, entitled "The Therapeutic Boom," reproduced in our present issue, from a recent issue of the Medical and Surgical Reporter, has a number of very suggestive remarks and hints bearing on this subject. We commend it to the careful perusal of our readers.

The Inconsistency of Ethical Physicians in regard to Copyrighted Medicines.

INCONSISTENCY is one of the most objectionable defects in human character. Not quite so gross as hypocrisy it is nevertheless a member of the same family. It, however, differs from its more repulsive congener in that it is rather an outcome of carelessness than of actual design,—a weed in the garden rather than a cultivated plant. Men are inconsistent from lack of proper watchfulness; hypocritical from purpose.

This generalization prepares the way for a few remarks on subject unfortunately of perennial interest, a standing reproach to the medical profession. We refer again to the matter of copyrighted names and trade marks in medicines. We are glad to find by a reference to the files of this journal that it has always, under its previous name and editorial management as well as under its present regime, been found in very decided opposi

tion to this practice, which has within late years grown to be such an unsightly excrescence on the medical body politic. Through some unaccountable reason it has stood almost, if not entirely alone among the medical journals of this country in its denunciation. It is not for as to divine why it is that those of our contemporaries who are so hyper-ethical in some regards have as yet not oped their mouths on this question, but have, through their silence on it, gone on from year to year stultifying themselves. In this have they displayed their inconsistency. There is no injunction of the Code of Ethics more clear than that which condemns the countenance given to copyrighted medicines, and yet, forsooth, these gentlemen not only tacitly commend these preparations by their silence as to their ethical iniquity, but positively commend them to the profession through their advertising pages. It is the shallowest kind of a device for these editors of medical journals to excuse themselves by the claim that they are not responsible for the contents of their advertising pages. The secular press can with some consistency make such an excvse for advertising nostrums, for it is governed only by the common laws of business and morality. The medical press, however, in common with medical men, have in addition to these laws, which are binding on all men, subscribed to an additional obligation,—the obligation which alone makes medicine a profession, and not a mere business or trade. This obligation is unwritten in some countries, but in this country it is contained in the written Code of Ethics of the American Medical Association.

The medical editors, therefore, and the medical men, through whose default or connivance the practice of copyrighting has grown to be so profitable in this country, have been sinning against light of the most unmistakable clearness, and there is no excuse for them.

National Association for the Protection of the Insane and the Prevention of Insanity.

WE have received from Miss A. A. Chevaillier, Secretary of this Association, a circular containing a description of its plan of organisation and of its objects. An examination of this circular places us in hearty accord with the objects of the association as they are therein set forth. Mental aberration and positive insanity are alarmingly on the increase in this country, and all efforts to reveal and remove their cause should have the endorsement of all philanthropists. We are reminded by Miss Chevaillier of the crowded condition of our public insane asylums and hospitals, and of the fact that there are multitudes of insane men and women in the United States, for whom no special provision is made by way of care and treatment.

The following is briefly the plan through which the Association hopes to accomplish its object:

First. By the encouragement of special and thorough clinical and pathological observations by the medical profession generally, as well as by those connected with asylums.

Second. By enlightening public sentiment as to the nature of the malady, the importance of early treatment, improved methods of management and treatment at home and abroad.

Third. By recommending an enlightened State policy, which, while neglecting no one of its insane population, shall so administer relief and protection as not to lay unnecessary or undue burdens upon the tax-payers.

Fourth. By holding public meetings, wherever needed, to stimulate legislation that will secure efficient State supervision of all public institutions for the care of the insane, as a mutual safeguard for the protection of society—the patients, as well as those who have them in charge.

Fifth. To further the perfection of laws relating to the treatment of the insane, and their rights while patients in the asylum.

Sixth. By efforts to allay the public distrust in relation to the management of insane asylums, by placing them on the same footing as that of other hospitals, both in the matter of freer communication with the outside world, and the privilege of a consulting medical staff of general practitioners."

At the late meeting, held in New York, on Nov. 11th, the following work was apportioned to the respective committees: Drs. Mary Putnam Jacobi, Margaret A. Cleaver, E. C. Seguin and J. C. Shaw were appointed a committee "to take such steps as shall be best calculated to induce Medical Colleges, Medical Journals and Asylum Authorities to do all in their power to diffuse a better knowledge of Psychiatry among the profession, and to specially educate physicians who may desire a thorough knowledge of the subject."

Dr. Wilbur, Judge Andrews, of Ohio, Dr. Reynolds, of Iowa, Dr. Corson, of Pennsylvania, and Hon. F. B. Sanborn, of Massachusetts, were appointed a committee "to obtain facts and statistics relating to the methods and use of restraint and the use of labor in the asylums of this country.

The following are the officers of the Association: H. B. Wilbur, M. D., Syracuse, N. Y., President; Nathan Allen, M. D., LL. D., Lowell, Mass., Vice President; Miss A. A. Chevalllier, 10 Marble St., Boston, Secretary; Geo. M. Beard, M. D., 13 W. 29th St., New York City, Treasurer.

The Membership Fee is $2.00, which should be remitted to the treasurer. The documents of the society are sent to members as issued.

Book Reviews and Notices.

A Treatise on Diphtheria.

By A. Jacobi, M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, New York; Physician to Bellevue, Mount Sinai and the German Hospitals, etc.
New York: Wm. Wood & Co. Detroit: Thorndike Nourse.

The author gives: 1st, Its history; 2d, Histology; 3d, Manner of infection; 4th, Contagion and incubation; 5th, Symptoms; 6th, Anatomical appearances; 7th, Diagnosis; 8th, Prognosis; 9th, Treatment. From the above table of contents our readers can form some idea of the scope of the work. Dr. Jacobi has made diphtheria a special study, and we may honestly say knows almost all about it. But there is a *but*, and our author acknowledges it. Under certain circumstances we believe it may be contagious, and yet we do not class it as a contagious disease,—indeed the experiments of Wood and Formad go to prove this view. (See

supplement No. 7, Bulletin National Board of Health.)

"Oertel claims tha tanimals which have been inoculated with diphtheritie material die with their internal organs infested with micrococci and that the presence of these is characteristic of diphtheria."

Dr. Ostler, Prof. of Physiology, in the McGill College, Montreal, holds that micrococci are vegetable parasites, if we understood him correctly at the late meeting of the Canadian Medical Association in reply to a pertinent question by Dr. Hill, of Ottawa, on that subject.

The author, however, recognizes the disease as a constitutional one, yet frequenty has a local inception, in other words infection enters the system at a circumscribed locality, and generally this location is the fauces. The difficulty of treatment lies in the difficulty of disinfecting the blood, and hence for successful treatment the disease should be met in its inception. Our space does not permit us to give the treatment laid down, but in these times when the disease is more or less present, this work of Dr. Jacobi is most opportune. The subject is handled by a master, and to thoroughly appreciate it, it should be read—for this reason we commend it to the profession and we guarantee no one will be disappointed.

ATLANTIC MONTHLY, 1881.

The January number begins a new volume with articles of great and varied excellence. In it appears the first chapters of Miss Phelps' Serial Story, "Friends," "A Duet." Now is the time to subscribe for it, $4.00 per annum, Houghton, Mifflin & Co., Boston. For sale by all book-sellers. Contents of current number: "The Portrait of a Lady," XI.–XIV, Henry James, Jr.; "Ye Tomb of ye Poet Chaucer," Westminster Abbey, Edward Clarence Steadman; "Smith," Thomas Bailey Aldrich; "Getting Married in Germany;" "A Winter Journey in Colorado," N. S. Shaler; "The Wives of Poets," I., William M. Rossetti; "A Symposium of Sixty Years Ago," Harriet W. Preston; "Sociology and Hero-Worship," An Evolutionist's Reply to Dr. James, by John Fiske; "Within the Gate," L. M. C., John Greenleaf Whittier; "Friend; A Duet," I.–III., Elizabeth Stuart Phelps;" "Sarah Bernhardt," Richard Grant White; "A Look Ahead;" "The Long Dream," Will Wallace Harney; "Illustrated Books;" "Zola's Essay;" "Some Political Novels;" "Books for Young People;" "Horace Bushnell" "The Origin of Religion," "The Contributors' Club;" "Books of the Month."

This old standard magazine maintains its reputation with every number and fills a place not occupied by any other. We wish it a prosperous New Year.

CUTANEOUS AND VENEREAL MEMORANDA.

By Henry G. Piffard, A. M., M. D., Professor of Dermatology, University of the city of New York, Surgeon to Charity Hospital, etc., and George Henry Fox, A. M., M. D., Surgeon to the N. Y. Dispensary, Lecturer on Diseases of the Skin, College Physicans and Surgeons New York city, etc. Second edition.
New York: Wm. Wood & Co., 1880. Detroit: Thorndike Nourse.

The object evidently of the authors of the above work has been to put as much matter into as little space as possible. We think they have made a mistake. It is evidently intended for students in order to stuff them for examination, and must belittle the subject in their estimation. Were the authors, professors, and lecturers in some 7x9 Western college we would not expect anything better, but being connected with such schools as they are we confess to a disappointment. We think their reasoning for the necessity of such a work as this is fallacious. If the study of skin diseases is worthy of any attention it is worthy of being thoroughly taught. We are opposed to all compendiums in medicine; they are too much homœopathic to meet the student's necessities, and tend to contract his ideas instead of expanding them.

OPHTHALMIC AND OTIC MEMORANDA.

By D. B. St. John Roosa, M. D., Professor of Ophthalmology in the University of the City of New York, of Ophthalmology and Otology in the University of Vermont, etc, and Edward T. Ely, M. D., Assistant to the chair of Ophthalmology University of the City of New York, Surgeon to Manhattan Eye and Ear Hospital, etc., etc. Revised edition.
New York: Wm. Wood & Co., 1880. Detroit: Thorndike Nourse.

The authors do not claim that their work is a text-book, but rather a dictionary of ophthalmic and otic science, nevertheless it is open to the same objections expressed in reference to its twin brother, "Cutaneous and Venereal Memoranda," and should meet with the same condemnation. The best part of them is the neat and tasty manner in which they are presented by the publisher.

THE COMPEND OF ANATOMY.

For use in the Dissecting Room and in preparing for examinations. By John B. Roberts, A. M., M. D., Lecturer on Anatomy and Operative Surgery in the Philadelphia School of Anatomy, etc., etc. Price, $1.25. 1881.
Philadeldhia: C. C. Roberts & Co., 1118 Arch St.

Another of the same. We are much disappointed, as we expected something different. Again we enter our protest against this condensation of the fundamental principles of a thorough medical education. Were the works of Theory and Practice, Surgery, Midwifery and Materia Medica to be condensed in the same manner, any smart boy could learn them all by rote in a single year, and answer all questions put to him by his examiners. Why should he not receive his degree and not waste two more years of valuable time, when the whole science of medicine can be condensed into a nut shell. We believe all compendiums are worse than useless for the student for whose benefit they are designed.

EIGHTH ANNUAL REPORT RELATING TO THE REGISTRY AND RETURN OF BIRTHS,

Deaths and Marriages in Michigan, for the year 1874. By the Superintendent of Vital Statistics, under the general direction of the Secretary of State, of the State of Michigan. By authority, Lansing, 1880.

The statistics collected and collated in this may be taken as tolerably correct, nevertheless there doubtless have been some omissions. The chief

importance of the report is that which relates to the causes of death, for in the knowledge of the causes of the deaths is the hope for their prevention.

Another value of these reports lies in the comparison of one year with another, thereby proving or disproving deductions already made or furnishing facts for future consideration, especially on the causes of disease. We cannot see, however, why the report of 1874 has slept so long in the womb of time. Six years is a long time now-a-days. If the law is to blame the Legislature of 1881 should be asked to amend it, and if for want of sufficient appropriations of money the request should be for its increase. Michigan is not so poor in her treasury as not to be able to issue her report under six years of gestation. Dr. Baker, the compiler, is to be credited for the efficient manner in which the report is issued.

A Practical Treatise on Surgical Diagnosis.

Designed as a Manual for Practitioners and Students. By Ambrose L. Ranney, A. M., M. D., Adjunct Professor of Anatomy and late Lecturer on the Surgical Diseases of the Genito Urinary Organs and on Minor Surgery in the Medical Department of the University of the City of New York; late Surgeon to the Northwestern and Northern Dispensaries; Resident Fellow of the New York Academy of Medicine; Member of the Medical Society of the County of New York, etc. Second edition enlarged and revised.
New York: Wm Wood & Co. Detroit: Thorndike Nourse.

Two editions in one year gives some idea of the popularity of a book without any further reference to it. Much has been added to the substance of the first edition, and the author has taken advantage of all the suggestions made to him from time to time by the different instructors of the country.

The subject is divided into eight parts, viz.: Diseases of the Blood-vessels, of the Joints, Bones, Dislocations, Fractures, Male Genital Organs, Abdominal Cavity and Diseases of Tissues. Each subject is properly discussed, but the chief feature of the book consists in a table of contrast of symptoms of the principal diseases of each subject, thus giving at a glance the diagnostic points and with great correctness. We commend it to the profession and medical students as a practical work, and time-saver, and should be in every medical library. The mechanical execution of the book is admirable.

Appleton's Journal.

A Monthly Magazine of General Literature. New series, No. 55, January, 1881. D. Appleton & Co., publishers, 1, 3, and 5, Bond St., New York.

This journal fully maintains the reputation promised by the publishers. The contents of the current No. are as follows: "The Veterans of Yesterday," in three parts (part first), from the French of Erckmann-Chatrian; "The Early History of Charles James Fox;" "Social Life among the Ancient Greeks;" "The Influence of Art in Daily Life" (V. Dress), by J. Beavington Atkinson; "Political Somnambulism," by Professor J. R. Seeley; "Holland and its People;" "Philosophy at Concord," by Mrs. A. B. Blake; "The Earl of Beaconsfield's New Novel;" "Vers de Société," by A. H. Japp; "The Court and Literary Salons of Old Paris." Editor's Table: Eccentricities of Pronunciation—New and Old Art Theories—Ex-Presidents as Senators. Notes for Readers. For sale by all booksellers. Single number, twenty-five cents, yearly subscription, $3.00.

Treatise on Therapeutics.

Translated by D. F. Lincoln, M. D., from French of A. Trousseau and H. Pidoux, Ninth edition revised and enlarged with the assistannce of Constantine Paul, Prof. Agrégé in the Faculty of Medicine of Paris, etc., etc. Vol. 3d.
New York: Wm. Wood & Co., 27 Great Jones St. 1880.

Only Buck on "Ear Diseases" and Munde on "Minor Surgical Gynæcology" remain to complete the twelve volumes of the second year of Wood's Library of Standard Medical Authors. The volume before us on Therapeutics concludes that subject and well maintains the reputation of the two preceding ones. It treats of Anæsthetics, Antispasmodics, Neurosthenic tonics Excitants, Sedatives, and Contrastimulants and Anthelmintics. Of the anæsthetics preference is given to chloroform. Trousseau and Pidoux on theraputics, as translated by Dr. Lincoln, is a valuable adjuvant to our means of information upon the subject on which it treats.

The Popular Science Monthly.

The January No. of this valuable work is on our table, and presents a valuable and interesting table of contents. It is conducted by E. L. and W. J. Youmans, and published by D. Appleton & Co., No. 1, 3, and 5 Bond St., New York. Yearly subscription, $5.00.

This magazine is written for those of more than ordinary culture, and occupies a distinct field of literature. Professional men, scientists, and those of a mechanical turn of mind should be its readers and subscribers. To all such we particularly commend it. For sale by all book-sellers.

Yellow Fever, its Ship Origin and Prevention.

By Robert B. S. Hargis, M. D., Pensacola, Fla.
Philadelphia: D. G. Brinton, M. D., Publisher, 115 South Seventh St.

Our author believes that yellow fever is of ship origin in contradistinction to those who believe in its land origin. His opinion seems to coincide in a great measure with those of Prof. John Gamgee, who has written his views and published them. The conclusions of Dr. Hargis are plausible and well put, and deserve a careful examination by experts to verify them.

The Medical Record Visiting List; or Physicians Diary for 1881.

New York: Wm. Wood & Co. Detroit: Thorndike Nourse.

In the preparation of this list nothing has been omitted which is necessary to make it all that is desired. It is light, handsome and convenient, and as such we cordially commend it to the medical profession; besides being furnished with a good pencil, a guage for urethral sounds with both French and American scales is included.

VICK'S FLORAL GUIDE FOR 1881.

Published by James Vick, Esq., Rochester, N. Y.

This is a handsome guide of some 112 pages and nearly 600 illustrations. Its paper is choice and handsome, and its colored plate is a gem, besides having a portrait of the publisher himself. The price is ten cents. Send for a copy. Vick's Illustrated magazine, monthly; each number has a colored plate, thirty-two pages, price $1.25 per annum.

Therapeutic Progress.

THE "THERAPEUTIC BOOM" AND UNSCIENTIFIC ADVERTISING.—I speak in the name of scientific medicine. The other evening I was introduced, by Professor W. H. Pancoast, of Philadelphia, to the Philadelphia County Medical Society, as the originator of the preparation known as desiccated blood. In a subsequent discussion brought about by this fact the following point was developed: To protect the medical profession, it is proposed to discountenance the employment of any new remedy until it is introduced into the Pharmacopœia. Such an introduction can be effected but once in ten years, at which time the Pharmacopœia is revised. I have introduced a new remedy. It has been carefully tested clinically in a number of hospitals, both in New York and Philadelphia, with favorable reports. And now, by the above proposition, its use is to be discouraged until it is admitted to the Pharmacopœia, ten years hence. Against this I most strongly protest.

Now, I do not blame the profession for protecting their interests in every respect, but I question whether the position assumed in this matter be a protection. On the contrary, I believe an attempt to carry it out practically can but act prejudicially to the true interests of scientific medicine.

But it is said there are enough drugs already in the Pharmacopœia, and we do not heed any additions to the materia medica. It can hardly be argued that the Pharmacopœia is so perfect that it cannot be added to or taken from. Surely, there are drugs in it of such doubtful therapeutic value that they might as well be left out; but are there no new drugs that are of sufficient value to more properly take their place? If the Pharmacopœia be so perfect, what is the use of revising it every ten years; why revise it at all. Does not the very fact of revision recognize that there is such a thing in science as progress?

But it is said that the "therapeutic boom" is derogatory to any true progress, and should, therefore, be discouraged. That therapeutics is away behind the other branches of scientific medicine and yet in its infancy. The fact that therapeutics is so far behind, would seem to be an argument that it needed "booming," or some other strong stimulant to move it ahead. Not to use any new remedy unless it is in the Pharmacopœia, and to discourage all original investigations for the purpose of discovering new drugs and their action, can hardly help the matter any.

How was it first discovered that any drugs were fit to go into the Pharmacopœia? Have they always been there? Is it not a fact that some of the very best drugs are from the most unscientific sources? Because a drug is used by a quack, an Indian medicine man, or an old woman, is no proof that it is devoid of virtue. By carefully testing drugs in a scientific manner only can their true value be ascertained, and when it is the universal belief by all the old women that certain herbs possess certain virtues, we are just as much justified in trying them, to see if this belief is founded on fact, as were our grandfathers, who collected the best of them to make a Pharmacopœia.

But it is not to discourage original investigation that this stand has been taken upon the part of a certain section of the profession, though that be one of the results. The true reason is for the correction of an abuse. The abuse which these gentlemen wish to correct by it is unscientific advertising. They have become alarmed by the vast amount of misleading advertisements which disgrace the fly-leaves of our medical journals. They see the evil rapidly growing, and propose to stop it. The very fact of the rapid increase of this kind of advertising, and of its misleading character, is abundant proof to them that a great many physicians are being misled by it. It therefore becomes a serious matter, demanding correction. For this reason, then, they discourage the use of all new remedies until they are officially recognized by the United States or other Pharmacopœia.

Now, I do not dispute that the object which is thus aimed at is to be greatly desired, or that by accomplishing it scientific medicine will be benefited thereby, but I do not think the method chosen is a good one. Advertising is legitimate, as long as it tells the truth, the whole truth, and nothing but the truth. It is only when it is misleading that it should be discountenanced. Now, if the profession should take a stand to stop all advertising, and shut down on the use of a single remedy advertised, what would be the result? The result would be this: All the business of a large number of great business houses would come to a stand-still. That is just what the advocates of the new idea under discussion desire. But do they suppose for a moment that all the capital invested, all the stock on hand, all the enterprise and push, all the executive ability and knowledge of methods of creating a demand for goods, would lie idle? What would become of it? Let us see. There is sold in the United States millions of dollars' worth of so-called patent medicines yearly. They are not patented, as a rule, however. The way their sale is controlled, is by notoriety. By this I mean, that though the formula for Helmbold's Buchu is not patented, and never has been, and though that formula is not secret, and is now in my possession, I cannot, nor can any one else, put Helmbold's Buchu on the market for sale. And why! First, because, the law recognizes that it would be a fraud to use Helmbold's name. It would be a fraud upon the public, because its sale

is effected from the fact that Helmbold is supposed to make it. Helmbold is held responsible by the people for his article. Helmbold's reputation is at stake, and Helmbold's name controls its sale. But it may be argued that my illustration is insufficient, in that it only applies to patent medicines; that the name in such instances becomes a trade mark, and is protected under trade mark laws. But name and reputation control the sale of other remedies than patent medicines. It would not be a well-advised move for any other manufacturing pharmacists to put upon the market a preparation of ergot or ether, and call it Squibb's, though the formula for both Squibb's fld. ext. of ergot and for the manufacture of the ether are officinal in the Pharmacopœia. The great control, then, of the sale of all remedies is not in secret formulæ or in patents, but in the name. This is a recognized fact in all trade, be it patent medicines or legitimate pharmaceutical preparations. This is not to be decried, but on the contrary, encouraged, provided, however, it be a control which is gained entirely on merit. Furthermore, so true is the principle here asserted, that the same article, only under a different name, could never be regarded by the consumer as in every respect similar. To use an illustration: Ayer's pills under any other name, though guaranteed to be the same by Ayer himself, would never have the sale belonging to the old preparation. A certain gentleman doing a large business in a tooth tablet of his invention once changed his paper box for a tin one, to preserve the contents on ocean voyages, and had a large part of the stock returned upon him as unsaleable, in consequence of the suspicion excited among the public. A rose, then, by any other name, will not smell as sweet. It has been asked, what's in a name? I answer, there is a good deal more in a name than the profession ever dreamed of. Take the two names, lactopeptine and peptoine pills, for example, or any other name coined to represent an article, as cincho-quinine, dextro-quinine, etc., if you please. The formulæ of preparations of this class purport to be published on the labels. Be that the working formula or no, the sale of the article is controlled by the name. Some of the names for articles of this description are patented at Washington. And it is rare, in any case, for any one to be so presumptuous as to put out a preparation, though manufactured by the same formula, for competition. A great deal of money is spent in advertising those names, and trade-mark names become very valuable assets.

Now, in this matter of trade-mark names, it seems to me that the trade have got a little ahead of the medical profession in sharpness. I am not arguing here the legitimacy of prescribing them or of prescribing patent medicines. If a standard quality is maintained in the preparation, under the trade-mark, it may be a protection to the prescriber. But it does occur to me that there is an absurdity somewhere. If Helmbold's Buchu, Ayer's Pills and Jayne's Vermifuge, are patent medicines, because their sale is controlled by a trade-mark, is not every other remedy controlled by a trade-mark a patent medicine? And if the profession prescribe remedies whose sale is controlled by a trade-mark name or label, are they not prescribing patent medicines? It is useless to argue about one being a secret and the other a published formula. The formulæ are not patented; it is the name which is patented. It makes no difference whether the formulæ are published or not, the patent, in eitner case, controls their sale and prevents competition, any representation that it is the name and reputation of the house, and not the name of the article, to the contrary, notwithstanding.

If all remedies whose sale is controlled by a trade-mark be patent medicines, then are a great many drug concerns in the patent medicine business. The only difference between one class of patent medicines and the other is in the fact that the former are advertised to the people and the formulæ are not put on the labels; the latter are advertised to the medical profession, and the formulæ appear on the labels; but in either case their sale is controlled by a trade-mark.

Now to my point. It is in answer to the question, what will become of the capital and ability invested in pushing remedies now advertised to the medical profession in the journals, if that advertising be stopped, or the use of those remedies discouraged? Don't you see the door wide open in the easy convertibility of one form of the same energy into the other? How easy to transfer the advertising from the medical journals to the secular press, the demand among the doctors to a demand among the people. And is not this transition already going on? Look in the daily papers and see. Behold, also, that the demand is made by the argument that the use of these remedies is sanctioned by the medical profession. You have heard of the boomerang—their use is sanctioned by the profession, and it has come back on them.

It is not the "therapeutic boom" that is derogatory to true progress in scientific medicine, though steady work is to be preferred to "booming," but it is unscientific, misleading advertising. Drug houses present remedies to the medical profession unsupported by sufficient scientific information. They control their sale by trade-marks, and have everything their own way, in consequence. About the only scientific information ever presented is the insufficient statements of chemists. Because a compound has a certain chemical constitution, and therefore, theoretically, ought to produce certain effects, is no proof that it will produce such effects, when given in disease. Theory is of very little consequence except to account for positive facts. Facts are what we want in treating the sick; and the reason why a drug will produce certain effects will do to talk about after it has been proved to be able to produce those effects. Then, again, every means is taken to prevent competition by rival houses, and the profession will not report failures, lest they injure their practice thereby; so the truth is never known. There is no objection to a manufacturer saying to the profession that his goods are better than any other man's make, by proving it. Competition in quality is honorable. Competition in enterprise in securing new drugs, preparation, or methods of manu-

facture, is to be commended. When the happy day dawns, of legitimate competition, then there will be no more mourning over poor drugs and the abuse of pharmacy.

And now, how do I propose to correct these abuses? By setting a good example myself, and urging others to follow it. This I have endeavored to do in the matter of desiccated blood, and by the help of the profession I hope it will be corrective in its tendency.

In the first place, then, desiccated blood is not controlled, either in manufacture or sale, by trade-mark, trade-mark name, or patent, but appears simply under its scientific Latin name, "Sanguis Bovinus Exsiccatus." In the second place, there is no secret whatever in its manufacture; anybody, by selecting a first-class steer and sticking him over the heart, so that he may bleed to death and not die of apnœa, can obtain the same blood used by Dr. Craven, at the Jersey City Stock Yards, taken from the choice picked steers for European exportation. By stirring this blood with sticks, and removing the small amount of adhering fibrin, it can be prevented from clotting. If, now, it be dried at a temperature of 110°F. and quickly enough to prevent decomposition, a product equal in every respect to that made for me at the Central Stock Yards and Transit Company, of Jersey City, can be secured. In the third place, I have never allowed an advertisement to appear on the subject of Sanguis Bovinus Exsiccatus which did not contain the truth, the whole truth, and nothing but the truth, as far as it was possible at the time to obtain it. In the fourth place, knowing that the publication of only one side of the question, must, of necessity, be misleading, I devised a plan of presenting it to the hospitals all over the United States, to be followed by their official reports, founded on thorough scientific tests. In the fifth place, defibrinated blood had been used in more than 100 cases, and good results obtained, before a single advertisement appeared, or I felt justified in presenting it publicly to the profession. In tbe sixth place, I placed the sale of this article, as prepared by Dr. Craven, in the hands of a house who have backed me in my position in every particular. And furthermore, if Dr. Craven has contracted to furnish blood prepared by him to no other house, it is but to protect his own reputation and the quality of the article; he cannot control the sale, except on quality; all of which is perfectly legitimate. And in the seventh place, as quality can only be obtained by care and skill, when any other house can present to the profession Sanguis Bovinus Exsiccatus prepared with as much care and skill as exercised by Dr. Craven, and handle it with as much enterprise and ability as Messrs. Parke, Davis & Co., of Detroit, I will with pleasure commend their enterprise.

Finally, then, I respectfully request the profession not to wait uutil a new remedy becomes officinal in the U. S. P. before using it, but to thoroughly test all such remedies carefully, in numerous cases, in the hospitals and dispensaries, so that when they are presented for acceptance to the Pharmacopœia committee, at the next revision, there may be furnished concurrently, with every new drug, reliable information concerning it.—*F. E. Stewart, Ph. G., M. D., in Med. and Surg. Reporter.*

On the Cause of the Bad Odor Sometimes Associated with Excessive Sweating of the Feet, with Directions for Treatment.—There are few persons of experience, medical or lay, who have not had the misfortune to discover that certain individuals smell so offensively, that it is almost impossible to approach them. In many instances, the evil smell is connected with the feet, although there is reason to believe that this source is only suspected for the most part by those who have learned to recognize the odor, and who know that it is associated with perspiring feet. In some cases, the smell is so strong and penetrating, that it pervades a room long after the person from whom it emanates (and who may have remained in it only a few minutes) has left it. The entry of such an individual into the compartment of a railway carriage or an omnibus immediately fills it with a sickening effluvium, which, to the initiated, is unmistakable. These unhappy persons, if they belong to the wealthier classes, become exiled to a great extent from society; if they belong to the poorer classes, they may find it difficult to follow the calling by which they earn their living. Female domestic servants, from a cause to be presently explained, frequently suffer from this evil, and cannot in consequence find a household in which their presence is long tolerated.

It is difficult to describe a smell, and I will not attempt to describe to one, but it is of interest to remark that there is something in it suggestive of putrefying cheese. Some friends of mine found a country farmhouse which they had taken for a short period, almost uninhabitable, on account of a peculiar disagreeable odor which pervaded every part of it. The odor was at first attributed to a supposed want of cleanliness in the dairy, or to the presence of new cheeses which were being dried in one of the rooms of the house; but it was soon found that the smell proceeded from a young woman who had been engaged to do temporary service.

I had several times met with extreme instances of this kind, and, until recently, have not been able to give the sufferer much permanent relief. Hebra's treatment, which consists in keeping the the skin of the soles enveloped in diachylon ointment, and necessitates the recumbent posture for eight to twelve days, I have not tried. Professor Hebra writes confidently of its success, but there are evident practical objections to its use in many cases.

The odor regarding which I am writing is so distinctive, that I have long thought it probable that it was associated with a special ferment; and a well marked instance of it having recently come under my notice, I have taken advantage of means placed at my disposal by the Scientific Grants Committee of the British Medical Association to investigate its nature. Before giving an account of the case, and what I have learned from it, a few preliminary remarks will be useful.

Profuse sweating of the palms and soles is not uncommon, but, in order to produce the specific odor to which I refer, something more than mere profuse sweating is required. The excessive per-

spiration, when confined by stockings and boots, macerates the epidermis, and, if the person stand or walk much, the skin of the heels becomes tender. This tenderness is accompanied by redness, slight blistering, or more decided localised eczema. In damp, relaxing weather, perspiration is increased; and we have thus two cases of aggravation, each potent, but both together very powerful—moist warm weather and prolonged pressure by walking or standing.

It has been pointed out by Hebra that the evil smell is not in the sweat itself, but in the coverings of the feet, a fact which it is easy to verify.

The patient who has afforded me the opportunity of investigating the cause of the smell is a young woman, aged 22, who has suffered from evil-smelling feet, with soreness of the heels, for several years. Her hands are usually moist, or even wet, but are always odorless. The smell from the feet is not constant, disappearing in dry bracing weather, and reappearing when the weather is moist and depressing.

The first experiment I made was to subject the soles of the stockings and boots to the action of an antiseptic solution. The success was complete, the odor being entirely banished. The antiseptic precautions having been soon neglected, the smell returned, and I took the opportunity of investigating its cause more minutely.

The soles of the stocking, a few hours after it was put on, was found to be quite wet; and a stocking, if worn for a whole day, was so extremely offensive that, when held close to the nostrils, its overpowering fœtor was comparable to that of putrid blood. The inside of the boot was equally wet and offensive; but, at the very time that the stocking and boot smelt so strongly, the heel itself, exuding moisture profusely, had no disagreeable odor. The sole of the heel was reddened and tender, and macerated around the edge, like a washerwoman's palm.

The reaction of the moisture in the stocking and in the sole of the boot was alkaline, that of the moisture exuding from the skin of the soles of the heel faintly alkaline, whilst that of the perspiration of other parts of the body was acid.

The fluid from the sole of the heel was thus shown to be not pure sweat, the faintly alkaline reaction being doubtless due to serous discharge accompanying the eczema set up by the local hyperidrosis.

The fluid in the sole of the stocking was found to be teeming with bacteria forms, the nature and development of which I have carefully investigated. These investigations have produced results of some scientific interest, which I have communicated to the Royal Society.* The rapid development of bacteria in the fluid which exudes from the soles is doubtless favored by the alkaline reaction produced by the mixture of serous exudation with the sweat.

The treatment instituted in this case is as simple as it has been effective. The stockings are changed twice daily, and the stocking-feet are placed for some hours in a jar containing a saturated solution of boracic acid. They are then dried, and are fit for wear again if it be desired. The boracic acid effectually destroys the smell. But to kill the bacteria in the stocking is not enough. The leather in the bottom of the boot is wet and sodden, and smells as vilely as the stocking. This difficulty is got over by the use of cork soles. I directed my patient to get a half dozen, which she finds sufficient. A pair must only be worn one day unchanged; at night, they are placed in the boracic jar, and are put aside the next day to dry. If these directions be accurately carried out, the evil smell is perfectly destroyed.

The boracic acid solution is an excellent application to the painful skin in these cases. When the tender skin of the soles is washed with it, a a sensation of coolness succeeds the feeling of heat and tension which are the usual accompaniments of the eczematous condition associated with the smell, and the skin becomes harder and loses its abnormal redness.

The bacteric fluid would seem to act as a direct irritant to the skin. My patient assures me that, if she wears stockings which have been dried without being disinfected, irritation is speedily felt; and that the cork soles, if worn a second day without having been purified, act in a similiar way.—*Geo. Thin, M. D., in British Med. Jour.*

*On Bacterium fœtidum: an organism associated with profuse sweating from the soles of the feet. (Proceedings of the Royal Society, No. 205, 1880.)

The Uses of Iodoform.—The value of iodoform as a topical application has been before the profession for a considerable time, but I am convinced that it is not even yet appreciated by the majority, who have a rather indefinite idea that it is useful, and a very imperfect notion of the extent and scope of its usefulness, My own experience with this agent has been so satisfactory that I have come gradually to look upon it as the very best at our command for the healing of ulcerated, eroded, granulated and abraded surfaces, which have for any reason too little inclination to take on healthy action, and which, therefore, require some alterative or stimulative impetus. I shall, therefore, designate, in a few words, some of the conditions in which I have found it useful.

Chancre and Chancroid.—Take iodoform 100 parts, sugar of milk 200 parts, thymol 1 part. Let the above be thoroughly mixed and reduced to an impalpable powder. The glands and prepuce must be thoroughly clean and dry. Then pack the ulcerated surfaces full with this powder, dust it over the surrounding parts, and secure it with a light bandage. Repeat the application as often as the parts become moist from new discharges. Ordinarily, about three applications will be required every day, for the first two or three days, then as healing continues, they may be repeated less frequently. A fair trial of this method, I am certain, will convince any one of its superiority.

Herpes Circinata, Herpes Zoster, and Herpes of the Prepuce.—Dissolve one dram of iodoform in one-half ounce of the oil of eucalyptus, and paint the diseased surface with this solution. Two or three applications will usually effect a cure.

Granulated Lids.—Apply iodoform and sugar of milk, one part to five parts, directly to the everted lids with a soft brush. This occasions no

smarting or pain, and often cures cases of months' standing in two or three weeks. The thymol should not be used in these cases, as it irritates and produces pain.

Granular Pharyngitis.—The same powder as indicated for chancre and chancroid may here be employed with an insufflator, thoroughly, at bedtime. The most obstinate cases will often yield promptly to this course,

Chronic Ulcers of the Leg, Cracked Nipples, and all kinds of Indolent Ulcers with Raised Edges,—Prepare an ointment containing one-half dram of of iodoform in an ounce of cosmoline, and apply frequently, after having previously thoroughty cleansed the parts. The well-known and popular addition of the balsam Peru to this ointment masks the odor and adds to its value. I would add that the above is an auxiliary, not a substitute, for the ordinary methods of applying pressure, such as strapping and bandaging, which should not be omitted.

Uterine Catarrh.—For uterine catarrh, or, as it is improperly called, endometritis,—I refer to those cases in which there is congestion, and a consequent discharge, with some enlargement, and an erosion extending up into the canal—I employ a suppository, which is made and applied in the following manner: Mix one-half dram of finely powdered iodoform with one ounce of the butter of cocoa. This may be kept in a shallow ointment jar. I have a thin silver tube about one-fifth inch in diameter, with a closely fitting piston. This tube is about eight inches long. When a suppository is needed, I retract the plunger or piston to a point from the distal extremity of the tube, corresponding to the length of the required suppository. Then fill the lower open end of the tube by plunging it again and again forcibly into the jar containing the material for the suppository, and packing it solid by downward pressure of the piston. Then I apply the suppository by passing the end of the tube into the cervical canal and force it out by pushing in the piston. The suppository will then be in the desired place. Five grams of the iodoform may be used at a time. Unlike the gelatine pencils of iodoform, which are so widely advertised, this melts and takes effect at once, and causes no pain.

Fissure of the Female Urethra.—This troublesome and intractable ailment yields promptly to the use of the same suppository which I have advised for uterine catarrh. Their use is commonly followed by the disappearance of those symptoms which are always associated with fissure of the urethra, and which so often lead to the false diagnosis of cystitis.

Gonorrhœa in the Male.—The same suppository, made in the same manner, and applied with the same instrument, may here be advantageously employed, care being taken to pass the suppository above the inflamed part. This treatment of gonorrhœa I have used for nearly two years, and can testify to its great efficacy. It is a suitable substitute for injections, and is more sure in its effects. The application should always be made by the doctor, when possible. I have been pleased to see that Mr. W. Watson Cheyne, in a late number of the British Medical Journal, contributes a very definite testimonial to the value of urethral suppositories, or pencils, in the antiseptic treatment of gonorrhœa. I would however, give the preference to the method of preparation and application which I have here described, as being simpler and, perhaps, more effectual than his. It must be remembered that the popular addition of balsam Peru in these suppositories is objectionable, by reason of its irritating qualities.—*H. C. Howard, in Chicago Med. Review.*

Elixir of Pepsin with Bismuth.—Query. "Elixir of pepsin with bismuth is prescribed by physicians and supplied by elixir manufacturers. Can such a preparation be made which shall possess the medicinal qualities of both drugs?"

When we consider that, according to the highest authorities, neutral solutions of pepsin are unstable, while alkalies either precipitate it or render it inert, and recalling our experience that a small quantity of acid is sufficient to precipitate solutions of bismuth, the above query would appear to be readily answered in the negative. But as, in some instances, salts which are insoluble in themselves are rendered soluble and kept in solution by third substances, it was deemed best to investigate the question, and, as a first step, to discover if the elixirs of the market did possess the active medicinal qualities, called for in our query. Only elixirs manufactured by reputable houses were examined, and those were found, with few exceptions, to be so acid as to raise a doubt as to the presence of bismuth. When tested with hydrosulphate of ammonium, however, they all showed traces of the metal, but the amount of precipitates obtained would not warrant the conclusion that the elixirs contained the amount of bismuth called for by the statement on the labels. They were next tested for pepsin, by being acidulated with muriatic acid and digested with coagulated albumen for from six to eight hours. Repeated trials failed to show any appreciative action on the albumen, proving that if pepsin was present it was inert.

The only formula published under authority, that your reporter is able to discover, is that of the Newark Pharmaceutical Association, to contain in each ounce sixteen grains pepsin, four grains cit. bismuth, one-sixteenth grain strychnia, combined with water, orange flower water, cologne spirit, glycerine, and syrup. The direction reads as follows: Triturate the pepsin with the water and glycerine, and filter; dissolve the bismuth in the orange flower water with a few drops of aqua ammonia; dissolve the strychnia with q. s. acetic acid, and add the bismuth solution to the pepsin, then the balance of the fluid, and finally the solution of strychnia. This preparation, soon after being mixed, begins to deposit, and at the end of a week no action could he obtained on albumen, showing that the pepsin, if present, was not active.

Several other formulas were tried, but without success; and on reading Scheffer's remarks on this preparation I was inclined to give it up in disgust. He declares the preparation called elixir of pepsin and bismuth to be an incongruity, as if a neutral solution of pepsin is made and

a solution of bismuth added, the latter ter will surely precipitate the pepsin. This statement was published in the Am. J. Phar. for August, 1872. In the September number of the Journal for the same year I noticed a communication from James T. King, of Middletown, N. Y., in which he states that he prepared an elixir of pepsin containing bismuth, which acted on coagulated albumen. I wrote to him, when he very kindly sent me his formula, which is as follows: Pepsin, saccharated, 256 grains; orange flower water, four fluid ounces; distilled water, 12 fluid ounces; mix, agitate occasionally until about dissolved, then add glycerine 12 fluid ounces, and allow to stand twelve hours. Dissolve ammonio citrate of bismuth, 128 grains, in four fluid ounces of water, making the solution clear with smallest possible quantity of aqua ammonia, if necessary; add this to the prepared solution. The mixture must be slightly acid. Set aside until clear, decant the clear portion and filter the remainder, making 32 fluid ounces. With care in making the solution of bismuth to use the smallest possible quantity of ammonia, and to see that the solutions, when mixed, are very faintly acid, this formula furnishes the only preparation I have been able to make, answering the requirements of our query. That it acts on coagulated albumen I proved by digesting half a fluid ounce with fifty grains of coagulated albumen and a few drops of muriatic acid. After six hours the albumen had been dissolved. That it contains bismuth is proved by the black precipitate produced by the addition of hydrosulphate of ammonium.

Elixir of pepsin and bismuth is at best an unstable preparation, but the responsibility for its use resides with the physician. All the pharmacist can do is to state to him the incompatibility of its ingredients, and then, if he still demands it, to supply him with the best preparation his skill can produce.

How long the elixir prepared by this formula will retain its active properties I cannot say. You will notice that it is more dilute or contains less pepsin and bismuth than the elixirs of the shops do on their labels. Also, that it contains a large proportion of glycerine and no alcohol. It is on these three facts in my opinion, that its stability depends.—*From a paper by T. F. Main. Read at the fourth annual meeting of the Connecticut Pharm. Ass.*

Remedies for Spermatorrhœa.—Tincture of gelseminum (green-root) in doses of thirty drops, 3 times a day, has an excellent effect in checking nocturnal emissions.

℞ Sulphate zinc,
Pulv. rhubarb,
Extract hyoscyamus, ℔ss 2 grains,
Extract belladonna, ¼ grain.

For one pill. To be taken three time, a day until the effects of the belladonna are noted, then twice daily, with:

℞ Bromide ammonium, ʒ ss
Tinct. lupulin, ʒ j
Camphor water, ʒ iij.

Mix. Tablespoonful at bedtime.

Helonias dioica has proved successful in doses of 10 to 15 grains of the crude root, pulverised, 3 times a day.

Dr. Adolphus considers senecio gracilis one of the best remedies, in dose of half teaspoonful, powdered, in water, 3 times a day. Also speaks well of cannabis indica resin, dose, half a grain three times a day.

A writer in one of the English journals states that nocturnal emissions occurring in healthy young men not addicted to self-abuse, may be entirely kept in check by drachm doses of tinct. sesquichloride of iron.

The following is an old and, in many cases successful formula:

℞ Gelsemin, 8 grains,
Lupulin, 48 grains.

Mix and divide in 16 powders. Dose one at bedtime.

Aconitine 1-16 grain at bedtime, is said to have cured obstinate cases.

Dr. Mitchell used ergot satisfactorily, giving it in doses of one-half drachm to a drachm daily, of the freshly powdered drug.

Digitalis is of undoubted benefit in some cases. It may be given thus:

℞ Fld. ext. ergot ʒ j
Bromide potass. grains xv
Tinct. digitalis gtt. x

For one dose. To be taken three times a day.

Dr. Warning relates an obstinate case cured in fourteen days with lactucarium, two grains gradually increased to eight grains daily.

℞ Chloral hydrate, ʒ ijss
Simp. syrup, ʒ ij.

Mix. Dose, teaspoonful at bedtime. Dr. E. Q. Adams, reports a case of nocturnal emissions cured with above. He also reports a bad case of sperimatorrhœa cured with:

℞ Tinct. collinsonia, ʒ j
Water, ʒ iv.

Mix. Teaspoonful four times a day.

℞ Bromide potassium, 30 grs. xxx
Lupulin, grs. v
Gelsemin, gr. ss.

Mix. Take in water at bedtime. Or:

℞ Bromide potass. grs. xxx
Tinct. gelsemin, (green-root) gtt. x.

Take in a tablespoonful of camphor water three times a day. If for nocturnal emissions, only one dose at bedtime.

Monobromide of camphor, 2 or 3 grains in capsules 4 times a day, is reputed a valuable remedy.

In most cases, owing to the relaxed condition of the mouth of the ejaculatory ducts, injections of astringents, as alum, hamamelis, etc., will be of benefit. A suspensory bandage should also be worn, and the following rules observed:

1. Avoid all sources of sexual excitement.
2. Bathe the parts with cold water, 10 minutes night and morning.
3. Evacuate the urine before going to bed.
4. Sleep on a hard bed with light covering, lying on the right side.
5. Arise at the first awakening in the morning.
6. Avoid the use of the stimulants, tea, coffee, tobacco, and medicines or drinks of a diuretic nature.—*New York Medical and Surgical Journal.*

THE TREATMENT OF NEPHRITIC COLIC.—Dr. C. G. Stockton, himself a sufferer, says on this subject, in the Buffalo Medical and Surgical Journal, Nov., 1880:—

Sydenham enthusiastically advocates the use of beer "To cool off the ardent humors that remain in the kidneys and produce stone." Segalas and more recent writers reinforce this statement. I found that beer aggravated these symptoms, as did sour wine and cider. Most writers pronounce beer and all fermented drinks injurious. Sydenham having experienced personal benefit from the frequent use of cathartics, recommends the use of manna and lemon juice. (This acted unfavorably in my own case, where the stone was oxalate of lime.)

But diluents, recommended by the most ancient of medical authorities, still best subserve our purposes at this time. So much for a condition of comparative repose. It is after some unusual exertion that a sensation of uneasiness and qualmishness is experienced, followed soon by intense pain in the lumbar and inguinal regions of the affected side; this shoots down into the corresponding testicle, which alone, or with its fellow, is violently retracted. Micturition is painful and almost continuous, the urine scanty, highly acid, of a grayish hue and mingled with blood. The gastric apparatus is greatly disturbed; there is flatulence, colic, frequent dejections, tenesmus.

The pain is best controlled by morphia and atropia, hypodermically, and the application of heat, either by long continued general bath, or by rubber hot-water bags placed under the back and about the scrotum. I cannot speak too highly of the hot-water bag as an epithem. It is more efficacious that the bath, since it can be used continuously without fatigue to the patient.

Enormous eating should be proscribed; the meals should be small, frequently and regularly taken. Hard, particularly lime waters, should be interdicted; but the drinking in abundance of wholesome waters advised.

Upon drinking Niagara water I find the urine more acid and turbid. Drinking Bethesda, Apollinaris, or rain waters, increases and clears the urine, rendering it less acid. This is especially true of Bethesda water.

The Gettysburg Katalsyne is an agreeable water, and has a favorable reputation as a remedy in renal concretions, as its constituents would lead us to suppose.

Probably the springs of Vichy provide the best waters for cases of the uric acid diathesis.

The Celestine spring is most frequented by patients with gravel, though without any apparent reason, as the spring is less alkaline than its fellows.

The Malvern water is a favorite in England. It is almost perfectly pure; so far as I know, the purest spring water on record. There is no end of good waters. I have for some time been drinking "Rosicrucian springs" water; it comes from Maine, is very agreeable, and is said to be like Apollinaris without the gas.

ON THE THERAPEUTICS OF CHRONIC METRITIS.—M. Gallard, in Le Concours Médical, October 9th, 1880, discountenances active antiphlogistic treatment; for, succeeding the primary hypervascularization of the uterine tissues, there ensues a period of anæmia with general atrophy of the vessels of the organ.

He recommends simple emollient baths, particularly at menstrual periods, or when there is any recrudescence of inflammatory action. Alteratives would seem peculiarly indicated in a disease characterized by a deposition of plastic material determining the augmentation in volume of the organ, but they generally induce, when long used, so much derangement of the general health, that the small amelioration obtainable from them does not often justify their use for any considerable period of time.

Tartar emetic has been used in large, even Rasorian doses, in puerperal metritis, with doubtful benefit.

Calomel, which is frequently given, generally induces salivation too early, which is also the case with blue pill; bichloride of mercury with conium, as recommended by West, can be administered for a longer period.

When, in the first stage, there is peritoneal inflammation, mercurial ointment spread over the abdomen is of benefit; and M. Gallard often uses the diluted ointment to dress blisters, applied over the abdomen in later stages.

The preparations of iodine have had such a favorable action on the indurated tissues, particularly when dysmenorrhœa or amenorrhœa was present, that some of the salts of the iodides of iron and of potash have been considered emmenanogue. Ergot is of undoubted benefit in the first stage of chronic metritis, where the uterus is gorged with blood; by inducing contractions it improves the tonicity of the organ, the circulation becomes more rapid, the exudation products ready to be transformed into laminated interstitial tissue are absorbed; in fact, the inflammation is often subdued before arriving at the second period. Ergot may be given in powder, 3 ss.–j, ter in die, or in pill, as in the following formula:—

℞ Ergotin,
Ferri carb., ǎā 3 j-gr. xv
Ext. opii, gr. jv.

Form the mass into fifty pills, of which four may by taken daily; if abdominal pain should be complained of, the use of ergotine should be dropped for a period.

ON THE PART PLAYED BY THE STOMACH AND PANCREAS IN THE DIGESTION OF FAT.—A paper appears in the October number of the Archiv für Anatomie und Physiologie, on the relative share taken by the stomach and the pancreas in the digestion of fatty substances, by Dr. Th. Cash. He begins by pointing out that Bernard long ago proved that the oleaginous constituents of the food must be emulsified before they undergo absorption through the agency of the intestinal, and especially of the pancreatic juices. His experiments were supported by those of Brücke, yet it has not been actually demonstrated that the breaking up of the fats into minute droplets and their investment with a soapy membrane, which is perfectly effected in the lacteals, is already accomplished in the intestine. Dr. Cash's experiments were undertaken under Ludwig's supervision, with this object in view. Dogs were kept fasting for

eighteen hours or more. Food was now administered and four hours subsequently the animal was killed with curare. The abdomen was at once opened and the intestine divided by ligatures into several portions of about a foot in length, so that each part retained the fluid it contained during life. The segments were opened, the contents tested with litmus-paper, and received in test-tubes. A quantity of water, equal to the fluid obtained, was added to each tube, warmed to 60°C., and filtered. After the solid residue had been heated in this way several times with water, the cloudy fluid which had passed through the filter was placed in a cylindrical glass and subjected to centrifugal action for an hour or two. The oily portion of the fluid after this treatment, swam upon the surface of the water. The contents of the small intestine were invariably found to leave an acid reaction, and on the surface of the fluid which had been subjected to centrifugal action, oil-drops accumulated of various sizes, which, however, never presented the slightest tendency to the proper colour of an emulsion, whilst the oil-drops could be easily made to coalesce, and could then be easily emulsionised with a dilute solution of soda. It hence appears that fats are absorbed in the free state, and their conversion into an emulsion first takes place after absorption is effected.—*London Lancet.*

Boracic Acid Injections in Gonorrhœa.—The first case of this character in which I prescribed boracic acid, was that of a young man in the acute inflammatory stage of the disease, with abundant discharge, frequent and painful micturition, and very troublesome chordee. Several of the more popular remedies had already been given without affording the slightest relief. After the first day's use of a one per cent solution he was no more troubled by chordee. The pain attending micturition was much lessened after a single injection, and disappeared entirely upon a few repetitions. The discharge rapidly diminished in quantity and changed in character, but did not altogether cease for a week.

In my next case—a female with more profuse vaginal discharge—I ordered, as a vaginal injection a two per cent (10 grains to the ounce) solution, with even more striking results. The discharge ceased entirely after the third day's use of the remedy.

Three other cases have occurred in my practice in which equally good results were obtained.

In all, then, I can report five cases treated by boracic acid injections, without the assistance of any internal medication. Gonorrhœa is known to be more difficult to cure in persons who have had previous attacks. Yet three out of these five cases had had the disease repeatedly, and the relief to these three was quite as prompt as to the other two. Not one of these cases was seen until after profuse discharge had commenced. Four were in this stage and the other in the fifth week of the affection. Every one of these patients experienced a decided amelioration of pain after the first injections, and in only one did the discharge continue more than ten days after beginning of treatment. This case—the one bordering upon gleet—was not wholly cured for four weeks. I instructed each of my patients to practice the injection three or four times daily; in future cases I shall advise only morning and evening injections after the complete cessation of pain.

My experience with these few cases has led me to the conclusion that a one per cent solution (about five grains of boracic acid in one fluid ounce of water) will be of sufficient strength for general use.—*Dr. James G. Hyndman, in Cincinnati Lancet and Clinic.*

Some Important Therapeutical Effects of Chlorate of Potash.—Two monographs on this subject from Dr. Harkin's pen have already appeared. The first, entitled, "The Use of Chlorate of Potash in the treatment of Consumption and Scrofula," will be found in the Dublin Quarterly Journal of Medical Science, for November, 1861; the second "On Chlorate of Potash in the Hæmorrhagic Diathesis," was read before the British Medical Association, at its meeting in Cork, in August, 1877. Dr. Harkin, (Dub. Med. Jour., May, 1880), as the result of observations extending over many years, considers that chlorate of potash exercises a most potent influence on all maladies dependent on defective nutrition, and molecular metamorphosis; that it posesses the power of developing vital force in weakened constitutions, of retarding the degeneration of the tissues, and of controlling the too rapid advance of senility due to climacteric conditions. After its continued employment, the patient experiences an increase of appetite, and of nervo-muscular force; all the bodily functions are performed with greater ease, the color improves, and the flesh-producing power, as shown by increase of weight, is augmented. For internal administration, it is ordered in solution—an ounce of salt to twenty of water, and of this two tablespoonfuls should be given three times a day, either before or after meals. It has been prescribed for thousands of patients, with wonderful success, and rarely, if ever, disagrees. In one instance, a young man took by mistake an ounce of the salt at a dose, without experiencing any unpleasant symptoms. In the form of a lotion—five grains to the ounce—it is a valuable application to burns and scalds, the healing process proceeding more rapidly than under other modes of treatment. In caries of the vertebræ, and in strumous abscesses and sinuses, its beneficial effects are very remarkable. As an application to ulcers—simple, irritable, indolent, and rodent—it would be difficult to overestimate its value. The hard and elevated edges of old ulcers give way to flattened and healthy ones and the excavated surface of the sore is altered by the oxygenating power of the lotion, and replaced by healthy granulations.—*The London Medical Record.*

Toleration of Opium in the Infant.—In the Journal of May 15th I recorded a case, showing such a toleration of opium in an infant of four months as I had hitherto deemed incompatible with life at such an age, and would now communicate further particulars concerning the same.

The child at birth had been plump and healthy, but soon afterwards, from the use of improper food, he was seized with colicky pains and costiveness. Besides laxatives, carminatives and then opiates

were given and increased, until, at the age of four months, the infant was getting (in drachm doses) from six to eight drachms of laudanum in the twenty-four hours. During that period, the child gradually lost flesh, and, when I first saw him, was so emaciated that his ribs were prominent and the abdominal walls retracted. The face and limbs were shrunken correspondingly, and the legs were constantly flexed on the abdomen, save when the child was narcotised with not less than fifty drops of laudanum, which dose only afforded relief for a period varying from three to four hours. There was no vomiting, cough, or other sign of disease, and the infant took the breast with avidity. I advised the mother to reduce the dose of laudanum steadily by ten drops *per diem*. Thinking that a small quantity of cod-oil might assist the child to regain flesh, I ordered a teaspoonful to be given thrice daily, and a mixture containing bismuth and pepsin. This, with an occasional laxative at first, constituted all the treatment. Whereas, before that time, diminution of the opiate draught was followed by an access of pain, it was now possible gradually to withdraw the laudanum—so that, in less than a month, it was entirely stopped, and the child lost its painfully emaciated appearance. In two months, he had completely recovered his flesh and spirits; the treatment was discontinued, and the infant was fed with breast-milk alone. The bowels now move more regularly, without any artificial stimulus. The quondam patient sleeps soundly, minus his wonted narcotic; and, as far as I can see, there is no sign of mental infirmity or defect.

The foregoing case appears to me interesting in several respects: 1. The toleration of so large a quantity of opium by a child of four months old; 2. The persistence of appetite for a period of nearly three months during which the sedative was employed; and 3. The entire recovery of the patient, as shown by his rapid increase in weight, his release from pain and costiveness, and the return of the buoyant spirits natural to healthy infancy.—*J. Mackenzie Booth, M. A., M. D., in British Med. Journal.*

On the Therapeutic Value of Massage.—Dr. Gerst has employed shampooing with good results in contusions and distortions of the limbs, in acute and chronic synovitis, in bruisings of the muscular system, in subcutaneous extravasations of blood, in contractions and inflammations of the sheaths of tendons, as well as in dislocations, fractures and in catarrhal affections of the the mucous membrane of the nose, mouth, and larynx. If the injury be complicated by abrasion of the skin or by wounds, Dr. Gerst adopts Lister's plan of employing measures of depletion. He also uses these measures in cases of recent fractures and dislocations and endeavors to allay pain by accelerating the absorption of extravasations, increasing the rapidity of the circulation, and removing tension. In simple fractures, especially those of the radius in old people, which readily unite when put up in plaster of Paris, but leave behind them stiffness of the limb, the author discards entirely all bandages, and trusts solely to shampooing and wadded splints; the results proving that this method affords rapid and excellent cures. The treatment of catarrhal affections by the method of shampooing has also given excellent results in the hands of the author. His object is to lessen the inflammation of the affected mucous membrane by a systematic depletion of the superficial and deeply lying cervical veins and lymphatics by stroking the surface of the neck. Finally, this method of treatment has been employed in acute diseases of the ear, after concussion of the brain, and even in a case of fracture of the skull with a wound of the scalp, as the author believes with some result.—(*Centralblatt f. Chirurgie*, April 10, 1880.)

Treatment of Constitutional Syphilis by Sulphate of Copper.—Drs. Martin and Oberlin gave a brief report on this subject at a late meeting of the Paris Academy of Medicine. The authors treated fifty patients, who showed various manifestations of syphilis, by the copper sulphate, The results were quite satisfactory, the fifty patients all being cured. A comparison of this method was made with the ordinary mercury methods, and it was found that the copper salt proved more efficacious and required less time for its beneficial action than did the mercury salts. The copper was also well borne by most patients; in only one case it produced initial vomiting, followed, however, by permanent tolerance of the drug. In a case of very grave syphilis, when mercury had proved useless, the administration of copper effected a rapid and complete cure. In a few patients, the gums became effected, a greenish tint appearing at their free border. But this cupric gingivitis yielded more rapidly than the analogous mercurial affection ordinarily does. Actual sponginess of the gums was not observed. The salt was exhibited by the mouth in doses of gr. 1-16—gr. 1-6 per day. An aqueous solution was employed. External application was also made by adding 5 drachms of the salt to a full bath.—*Gaz. méd. de Paris*, April 1880.

The Therapeutical Value of Physiological Rest in the Treatment of Laryngeal Diseases.—Dr. Beverly Robinson, of New York, writes in the Archives of Laryngology of this indispensable means in the management of laryngeal diseases:

To gain its maximum of effect, let it be coequal as nearly as possible with the relative amount of laryngeal disturbance, whether it result from disease or traumatism. Viewed in this light, I look upon rest as a great aid to nature in her efforts. At times it will help her to repel threatening laryngeal inflammation of acute type and serious import; at times it will further and indeed complete the work of repair or cure, even in chronic affections of long duration, more than any other known agent which we shall be able are utilize. Whenever and wherever we are called upon to treat laryngeal troubles let us bear in mind that the production of physiological rest is the curative principle upon which most of the good affects attributable to other means—medicinal, surgical, and hygienic—in the main depend, and shall then be willing to give to it its genuine value.—*American Practitioner.*

DROPSY.—Sarah M., æt. 54, dark hair, fair, and delicate skin, consulted me January 23, 1879. About fifteen months ago she began to have swelling of the feet and legs at night; this increased gradually without any swelling of the face or eyelids; but the lower extremities, up to the hips, became gradually larger, and about two months prior to my seeing her she observed that her abdomen was enlarging rapidly. As the ascites increased she began to feel very ill; loss of appetite and general debility; no renal trouble until a short time before coming to me; then the urine began to decrease daily. Urine did not yield albumen on the application of either heat or nitric acid. I put her on fluid extract haircap moss, two drachms in a cupful of water, four times a day, and increased gradually to eight times during the day. Kept the bowels open with antibilious physic. Gradually the swelling diminished, and at the end of two months I feel sure she is perfectly cured.—*T. A. McKinney, M. D., in Med. Brief.*

LEUCORRHŒA, OR VAGINAL CATARRH, AND ITS TREATMENT.—Leucorrhœa is a catarrh of the vagina, and sometimes the cervix. It is not a disease *per se*, but a symptom, and is as offensive to the patient as it is difficult to treat. It is my opinion that it is a species of scrofula, when not due to mechanical causes, and the practical men in France agree with me. The treatment I have tried and seen tried here, and which has produced the most beneficial result, is cod-liver oil, iron, and quinia, with a soluble capsule or suppository, such as is made by Parke, Davis & Co. These soluble pessaries are superior to the usual ones made in drug stores, because one-half the druggists do not make them right. When leucorrhœa complicates any malposition of the uterus, pessaries are indicated; should be oiled before introduction and frequently removed, lest inflammation result.—*L. G. Doane, M. D., in Medical Brief.*

THE TREATMENT OF ASTHMA.—I wish to draw attention to a method of treatment of asthma, described by Dr. R. B. Faulkner, in the New York Medical Record for September 25th. His plan is to paint a strip of iodine over the course of the pneumogastric nerves in the neck. He gives three cases of pure spasmodic asthma, which were relieved of their attacks by this means, after having resisted every other remedy of which he could think.

I have tried it in several cases; but all, except one, were not pure spasmodic asthma, and in this case the benefit was most marked. R. S., aged 67, had asthmatic attacks at 2 A. M. every morning; he had had them for the last nine days; never had them before. He had lived in the same house for the last thirty years; had never had gout. There were no physical signs of disease in the thorax; no albumen in the urine. I ordered iodine pigment, as above. He returned in a week, expressing the liveliest sense of the relief he had received. In the other cases, some seemed relieved: but the benefit was not so decided.—*Robert Saundby, M. D., M. R. C. P., in British Med. Journal.*

JAPANESE OBSTETRIC PRACTICE.—The "Presse Medicale Belge" describes the ways of the Japanese obstetrician. To us they savor strongly of quackery. After having obtained a pretended reduction of irregular presentations by abdominal massage, the doctor makes the patient rise, places his shoulder against her chest, and makes her place her arms about his neck. He then clasps her knees between his own, so that she is well supported, and practices lateral massage with the hands, starting from the seventh cervical vertebra from above downwards, snapping his fingers to distract the woman's attention. Finally he rubs with the palm of his hand behind forward the buttocks and and thighs sixty or seventy times, and this is repeated every morning from the fifth month. It is needless to add that Japanese practitioners are generally aged.—*Medical Gazette.*

TARTARIC ACID IN DIPHTHERIA.—(*Jour. de Med. et de Chir. Pratiques*, June, 1880.)—M. Vidal recommends the topical use of tartaric acid in diphtheria. In his opinion it is necessary to make use of topical agents against the false membrane, for it has a great tendency to spread by a sort of auto-inoculation, comparable to what occurs in certain cutaneous affections. The following is the formula he gave to the Therapeutical Society as the one he uses:

℞ Tartaric acid, 10 parts by weight.
Glycerine, 15 " " "
Mint-water, 25 " " "

The acid acts upon the false membrane, converting it into a gelatinous mass, and favors its expulsion. The parts should be swabbed about every three hours, following the application after a short time, with one of lemon juice.

TREATMENT OF SYPHILIS.—After dwelling upon the importance of exhausting every conceivable means of diagnosis, Sigmund, as the result of his long experience, advises removing the initial lesion (if the case be seen very early) with knife, cautery, or caustic, followed by neat dry dressings. After this he advises deferring constitutional treatment, except hygienic, until the cutaneous manifestations appear. When this arrives he uses for the lighter forms the iodine preparations; for graver forms with defective nutrition and strength, palpably due to syphilis alone, or widespread pustular, papular, or squamous eruptions, mercury. But this must never be pushed to salivation. For the gravest tertiary forms he recommends mercury and iodides alternately. (*Neuere Behandlungsweise der Syphilis.*)

GLEET.—Having hit upon a remedy with which I am having good success in the treatment of this disease, I deem it my duty to place it before the readers of your valuable journal. It is the following:

℞ Zinci. Sulph. 12 grs,
Tinct. Iodine, 10 drops.
Water 8 ounces.

M. Sig. Inject four times a day.

Also—

℞ Ext. Uva Ursi fld. 3 ounces.
Ext. Pareira brav. 1 ounce.
Ext. Cascara sag. 2 ounces.
Syr. Orange peel, 2 ounces.
Water q. s. ad 8 ounces.

M. Sig. Teaspoonful three times a day before meals.

I consider this as invaluable remedy in obstinate cases.—*S. L. Blake, M. D., in Medical Brief.*

TONIC GLYCERINE.—There are many patients to whom cod liver oil cannot be administered, as it destroys their appetite, and produces dyspepsia. Dr. Larmande highly recommends "tonic glycerine" as a substitute for the oil in such cases. This is made by adding 30 drops of tincture of iodine, and 5 grains of iodide of potassium, to 9½ ounces (by weight) of glycerine. A tablespoonful should be taken a quarter of an hour before each meal. This generally restores the appetite, and removes constipation if it be present. For children or delicate persons, one-sixth part of the glycerine may be omitted, and replaced by syrup of raspberries.—(*Lyon Médical*, April 25, 1880; *The Glasgow Med. Jour.*, June, 1880.)

CASTOR OIL.—A palatable and agreeable method of taking castor oil is suggested by the Boston Medical and Surgical Journal, viz., make an emulsion containing

Castor oil, ʒ j.
Tinct. cardamon comp., ʒ iv.
Ol. gaultheriæ, gtt. iv.
Pulv. acaciæ et pulv. sacchari alb., ää ʒ ij.
Aq. cinnamon, q. s., ʒ iv.

Mix.

A German method especially agreeable to children is to make the confection of castor oil into a paste, with either about three parts of coarsely granulated sugar or two parts of comp. liquorice powder; and flavored with powdered cinnamon or grated lemon peel.—*Boston Med. and Surg. Journal.*

BROMIDE OF POTASSIUM SPRAY IN WHOOPING COUGH.—The good effects of bromide of potassium in the treatment of whooping cough are well known to all practitioners. According to Dr. Wintreben, in La France Médicale, the action of this remedy may be made still more efficacious by bringing it in contact with the mucous membrane of the air passages in the form of spray. The author habitually uses a solution of bromide of potassium, one in twenty, and repeats the application of the spray for one minute after each fit of coughing, when the mucous membrane of the breath passages, free from the mucous which usually covers it, is accessible to the action of the remedy.—*Med. and Surg. Reporter.*

CHLORATE OF POTASH IN URETHRITIS.—Dr. J. P. Zeitlin treated fourteen cases of uncomplicated urethritis with the above as described by Bochmann (Kars) *i. e.* three grams daily, in all of which it was followed by favorable results. Even after a few doses, the discharge became thinner and pain and erections subsided; there were no bad effects of the drug. He attributes its action to its rapid excretion by the kidneys in unchanged form and hence as acting locally upon the urethral mucous membrane.—*Cent. fur Chir.*

BICARBONATE OF SODA TREATMENT FOR BURNS.—Patient badly burnt from the ignition of the vapor of ether; fifteen minutes afterward the wound was freely strewn with bicarbonate of soda pulverized—the severe pain ceased almost immediately—after one and a-half hours the soda was removed, redness of the skin and tenderness were only present where at certain places the soda had crumbled and broken off. At these places, the next day, bullæ had formed, otherwise the skin was normal.—D. M. Hezenstein in *Medical Gazette.*

MILK DIET IN HEART-DISEASE.—Dr. Potain (Bull. Gén. de Therap., vol, ii., 1880, p. 232) says that milk diet is particularly efficacious in secondary effections of the heart, hypertrophy or simple dilatation of renal or gastric origin. This regimen acts on the stomach or kidneys by affording complete repose. It should be continued for a long period. It is useful also in simple reflex palpitation of gastric origin. In order to be efficacious, the milk regimen should be well borne by the stomach. Three quarts daily appears to be the proper average amount to be ingested.—*Med. and Surg. Reporter.*

FORMULA FOR HYPODERMIC USE IN SYPHILIS.—Dr. Yvon (Bull. Gén. de Therap., 1880, vol. ii. p. 217) recommends the following as not exciting local irritation, not coagulating albumen, and as easily absorbed:

℞ Hydrarg. biniodid., Potassii iodidi, ää gr. xv;
Sodii phosphat. (tribasic), ʒ iss;
Aquæ destillat., f ʒ xij.—M.

Six minims of this solution will contain one-eighth of a grain of the mercurial salt.—*Med. and Surg. Reporter.*

ERGOT IN PHARYNGITIS.—In chronic pharyngitis, where the blood vessels of the pharynx are enlarged and tortuous and the secretion moderate, the following is recommended:—

℞ Ergotine, gr. xx
Tinct. iodine; f. ʒ j
Glycerine, f. ʒ j.

M. Sig. Apply to the pharynx freely, twice daily, with a camel's hair brush.—*Med. and Surg. Reporter.*

TREATMENT OF BARBER'S ITCH.—Brame recommends the following treatment: Shave off the hairs, or cut them very short; then apply, once or twice a week, an ointment composed of:—

℞ Prepared chalk, 10 parts,
Coal tar, 1 to 4 parts,
Glycerine, 5 parts,
Simple cerate, 50 parts.

—*Med. and Surg. Reporter.*

ARISTOCRATIC REMEDY FOR ITCH.—

℞ Balsam of Peru, ʒ j
Benzoic acid, 110 grains,
Oil of cloves, 40 drops,
Alcohol, ʒ ijss
Simple cerate, ʒ vij.

Dissolve the essential oil and the benzoic acid in the alcohol, and mix them with the cerate. Lastly, add the balsam of Peru. It is said to effect a cure in twenty-four hours.—*Med. and Surg. Reporter.*

TREATMENT OF GASEOUS DYSPEPSIA.—In this form of dyspepsia, accompanied by fermentation with the rapid disengagement of large volumes of gas after meals, the most satisfactory remedy is chloroform, in the dose of fifeen to twenty drops in a little syrup. After a few moments the gas is expelled from the stomach and fermentation arrested.—*Med. and Surg. Reporter.*

SYPHILITIC NEURALGIA.—Dr. Mauriac employs the following formula:

℞ Pulvis iodoformi, ʒ i;
Ext. et pulvis gentianæ, q. s.
Fiat in pil. no. xx.—M.

Two or three to be taken daily.

New Remedies.

THE USE OF NITRO-GLYCERINE IN ACUTE AND CHRONIC BRIGHT'S DISEASE, AND IN THE VASCULAR TENSION OF THE AGED.*—In April of the present year, I wrote an article in the British Medical Journal on the Uses of Nitro-Glycerine in certain diseases; but in that paper were not included the observations which I purpose making here; for, at that time, my cases were too few from which to draw definite conclusions.

During the last year, I have tried the above remedy, with great benefit, in a number of cases of chronic Bright's disease; and of others accompanied by that condition of the vessels which was described by Sir W. Gull and Dr. Sutton. From the relief obtained in these instances of vascular tension, I was led to try it in acute nephritis, and, as the sequel will show, with very beneficial results.

The following condensed jottings will, perhaps, serve to illustrate the pith of my remarks.

Case 1.—A. M., æt. 56, had been suffering from chronic renal disease for two years. When I saw him, twelve months ago, he had a pale pasty appearance; his eyelids were puffy, and his legs œdematous; his pulse was tense and corded, the walls of the vessels being much thickened; the heart was greatly hypertrophied, and his breathing was at times most labored and difficult, but at others comparatively tranquil. The urine, of which only a pint and a half was passed in the twenty-four hours, had a specific gravity of 1008, and contained much albumen.

A one per cent. solution of nitro-glycerine was at first given in one-minim doses every half hour, till its physiological effects were produced, in order to relieve the asthmatic symptoms, which it did so effectually that my patient would never be without it. After taking his medicine, in three-minim doses, thrice daily for a week, he drew my attention to his urine, which, he said, came remarkably freely. I had it passed into one vessel for twenty-four hours, and found the specific gravity to be 1012, and the quantity three pints; moreover, it contained very little albumen. He took the remedy regularly for some months, after which time, the pulse had become softer and more regular, the hypertrophied heart seemed to be much quieted, and a mitral regurgitant murmur, "evidently due to dilatation," had disappeared; the breathing was quite easy and normal, except during exertion. The urine was examined from time to time, and continued abundant and of fair specific gravity, with an absence of albumen and casts. After some weeks, he felt so well, that he discontinued his medicine; but, finding his old symptoms returning, he had again to resort to the remedy, with same good results.

Case 2.—Mrs. E., aged 45, a pale pasty-looking woman, consulted me for dizziness, shortness of breath, palpitation of heart, sickness, œdema of legs, puffiness of face, and general ill health. She said her mother and grandmother had died of kidney-disease, and that she was evidently suffering from the same affection.

I found that she was only passing 150 grains of nitrogen by the urine in twenty-four hours, and that there was considerable vascular tension. I ordered milk-diet, diaphoretics, diuretics, aperients, iron, etc., at various intervals, but without much improvement, so that she began to despair, and consider herself doomed. On taking the solution in minim doses every four hours, she began at once to pass more urine, and the nitrogen increased to 230 grains in twenty-four hours. Her other symptoms also improved. After a few days of this treatment, I ordered 20 minims of tincture of sesquichloride of iron, and one minim of nitro-glycerine solution, thrice daily; in a fortnight, the change was really wonderful; the vascular tension had subsided, the œdema had disappeared; and, all her symptoms being relieved, she felt able to go to the sea-side for change of air.

The following case is interesting, because my patient had one attack of apoplexy, and apparently staved off another by resorting to nitro-glycerine:

Case 3.—Mrs. F., æt. 52, consulted me in June, saying she had lately been suffering from attacks of dizziness; and that, two days before seeing me, she had had an unusually severe seizure, which had left her right side weak, and had rendered her speech indistinct. I found the right side of the face and right arm slightly paralysed, and the right leg numb and decidedly weak; her speech was also rather indistinct. Her pulse was hard and corded, and all her vessels indicated increase of tension. The urine was normal in quantity, but had a specific gravity of 1006, and showed a trace of albumen.

I ordered milk-diet and aperient medicine, and advised rest; the paralysis gradually passed off, but the vascular tension remained.

In August, she began to take the nitro-glycerine solution in minim doses, thrice daily, as the attacks of dizziness were returning; the vascular tension was at once reduced, and the pulse became softer and apparently fuller; the urine, which just before the treatment had a specific gravity of 1008, increased afterwards to 1012, and became slightly more abundant. Her dizziness was relieved; but when an attack threatened, a dose of the remedy always prevented it.

Thus, I hope that, by careful dieting, taking an occasional aperient and keeping down excessive vascular tension by nitro-glycerine, we may be able to postpone in this patient what, perhaps, may be inevitable in the long run, viz., another attack of apoplexy.

May it not be advisable, when one is called to a case of apoplexy, to at once give a dose of this potent remedy, and, by lessening the pressure in the vessels, to prevent further effusion? Would this not be better than trusting to aperients or depletion by other methods, which occupy a much longer time before they act, and then are not always certain in their action?

Case 4.—Mrs. C., æt. 50, consulted me for severe anginiform attacks and asthma, from which she had suffered for two years. I found that there was no valvular disease of the heart, but some hypertrophy; the pulse, however, was hard and tense, feeling like a piece of whipcord; and when emptied, the walls were found to be greatly thickened. The urine, being normal, had not attracted the patient's notice; but, on examination,

*Read before the Leeds and West Riding Medico-Chirurgical Society.

I found the specific gravity to be 1005, there being no albumen.

I ordered the glonoine solution, in minim-doses, thrice daily; she saw me in a week and expressed herself as feeling much better; and, a fortnight afterwards, said she felt quite well, being entirely relieved from pain, and quite cured of the asthma. I found the pulse softer and more compressible; and the urine, which was still abundant, had a specific gravity of 1012. I advised her to continue the remedy for some time, so as to keep up the happy state of affairs. Two months subsequently, she still remained well, having only occasionally to resort to the nitro-glycerine.

In the following cases of acute nephritis, the action of the drug in question seems to have been really very remarkable.

Case 5.—Mr. C., æt. 30, a strong healthy man, consulted me on account of sciatica, for which I prescribed. A few days afterwards, as he was not much better, a friend advised him to try a hot alkaline bath, which he did in the morning. He went out afterwards, and stood for some time in a cold and draughty place of business. At night, he shivered, and was seized with a dull aching in the loins; his urine became scanty and thick, and he had to get up very frequently to micturate.

The next day I was sent for, and found him suffering from acute nephritis. He was only passing one pint of urine in the twenty-four hours, which was thick and smoky, and had a specific gravity of 1020. Under the microscope, the sediment was found to be composed of blood-casts, renal epithelium, blood-corpuscles, and lithates: on boiling, it almost became solid.

I ordered milk-diet, free diluent drinks, diaphoretics, alkalies, etc., and kept him in bed; but, on the twentieth day, there being no improvement, I began with a minim of the glycerine solution every four hours, which soon produced great throbbing in the head. This treatment was begun on Saturday night. The urine passed during the previous twenty-four hours was one pint, which had a specific gravity of 1020, and was loaded with blood. On the Sunday, the amount of urine for twenty-four hours was a pint and three-quarters; it had a specific gravity of 1020, and contained much less blood and far less albumen. On Monday, there were two pints and a half passed in the twenty-four hours; the blood had quite disappeared, and there was only a cloud of albumen on heating; the specific gravity was 1025. On the Saturday following—*i. e.*, one week after beginning the new treatment—the urine was normal in quantity and quality, and the patient was feeling well, but weak. No relapse has occurred, and my patient is now perfectly well, six months after his attack.

Case 6.—Mr. R., æt. 39, has been suffering from dyspepsia for some weeks; but a fortnight at the sea-side restored him completely. The day after returning home, he had to hurry to catch a train, and got into a violent perspiration, when he had to wait some time in a draughty station, and felt a chill come over him. The next day I was summoned, and found him complaining of an aching in the loins and frequent micturition. He was slightly feverish, and had puffy eyelids; but what alarmed him most was the condition of his urine, which was scanty, and of the color of coffee. I ordered rest in bed, milk-diet, diluent drinks, poultices to loins, diaphoretics, etc., for three days, without any improvement; the urine then being loaded with blood, and only a pint and a quarter being passed in twenty-four hours. I ordered one minim of one per cent. solution of nitro-glycerine every four hours. In twenty-four hours, the blood entirely disappeared from the urine; and during the following twenty-four hours the urine was passed into one utensil, and found to measure three pints; it then had a specific gravity of 1019.

On the sixth day, he felt well; and, as he had some pressing business on hand, he went out, and left off his medicine. He said he caught more cold, and found the urine dark again; but he resorted to his old remedy, and it soon cleared up. He went into the country a week afterwards, and returned to business in good health after a fortnight's rest.

The following case has been kindly furnished to me by Mr. William Hall.

Case 7.—Mrs. C., æt. 65, was attended in January, 1879, when she was suffering from bronchitis and albuminous urine. In April, 1880, she complained of sickness, had a furred tongue, and temperature 101°. The urine was smoky, and contained blood corpuscles, much renal epithelium, and small casts; the pulse was tense, but not frequent. She was ordered steam blankets, and liquor ammoniæ acetatis, and was kept on milk-diet; after a fortnight, there being no improvement, a minim of glonoine solution was ordered to be taken every three hours and was increased in twenty-four hours to a minim and a half. In two days, the urine became much more abundant, and paler; contained fewer blood-discs and casts, with very little albumen.

At the end of six days, the nitro-glycerine was omited by mistake, and liquor ammoniæ acetatis given. The urine, next day, contained blood and casts, and assumed a smoky appearance. After three days interval, the glonoine was resumed, and an improvement in the character of the urine at once resulting. This improvement continued, under the use of the remedy, until the blood and casts had disappeared, only a trace of albumen remaining.

I have not had a chance of trying nitro-glycerine in the acute nephritis of scarlet fever, or in suppression of urine, but intend giving it a trial. I hope, on a future occasion, to relate cases in which the anomalous symptoms of old age, neuralgia, etc., accompanied by arterial tension, have been benefited by the remedy in question.

I must leave my cases to speak for themselves: I report them, in order that I may elicit the opinion of others, and perhaps induce some one to try this remedy in acute nephritis, or in the numerous and often distressing symptoms which apparently have their origin in that state known as vascular tension. Whether it be due to chronic kidney mischief, or to arterial fibrosis, this condition is unquestionably relieved by nitro-glycerine; and, with the diminution of pressure, in my experience, improvement inevitably follows, though,

in some cases, it may only be temporary.—*A. W. Mayo Robson, F. R. C. S. Eng., in British Med. Jour.*

A Case of Poisoning by Duboisia.—A New Mydriatic, Homatropin.—Mr. L. B., sixty-five years of age, in excellent health, a patient at the Illinois Charitable Eye and Ear Infirmary, during convalescence after Graefe's operation for cataract, was provided with a small bottle of sulphate of duboisia, gr. j to ℥j, in place of sulphate of atropia, which caused considerable conjunctival inflammation.

On the 27th of April, about 9 o'clock in the evening, Mr. B. took by mistake a "teaspoonful" of the solution. It cannot be determined whether the teaspoon was quite full.

The patient at once informed other patients near him that he had taken the wrong solution, but concluded to await the result, before reporting to the nurse. In about ten minutes there was dryness of the throat, and in half an hour a peculiar sensation in the legs, then in the thighs, arms and other parts of the body, as if they were asleep. At the end of three-quarters of an hour or more, the patient could scarcely talk or stand. Strange to say, not till this time did it occur to the patient or those around him to call the nurse.

An active emetic was at once given with the apapparent effect of entirely relieving the stomach of of its contents. Without delirium the patient rapidly passed into a state of unconsciousness, and remained in this condition till about five o'clock in the morning. He complained for two days of muscular weakness in the legs and arms, and especially noted a peculiar jerking action of the muscles of the arm in extending the hand to grasp a glass or other object.

I saw the patient at midnight. He was lying quietly, breathing naturally, but in a stupor from which he could not be aroused. The face was not specially flushed, although the mouth and tongue were remarkably dry. Dr. B. W. Griffin, who had been with the patient two hours, informed me that the temperature as determined by the thermometer had been normal. The pulse varied from 108 to 112. Some time previous to this, before unconsciousness became quite complete, the patient made ineffectual efforts to sit up in bed. The pulse always fell to 80 when the patient was supported in a sitting posture, and increased in frequency again on reclining. No other symptoms were noticed.

About an ounce of brandy in water was administered in minute doses during the night. Morphine was not given as an antidote.

I have observed four cases of serious atropine poisoning, in all of which wild delirium was a very prominent symptom.

It is claimed as a chief advantage in the use of duboisia that it scarcely ever causes irritation of the conjunctiva and skin which not unfrequently attends the use of atropia. I have seen one case, however, in which duboisia produced these troublesome symptoms. This agent and its properties are now quite extensively described in the recent works on materia medica and therapeutics. I need not dwell on the subject here.

It may not be out of place, however, to state that Prof. Ladenburg, of Kiel, claimed, some time since, to have demonstrated that duboisin, hyoscyamin and daturin have the same chemical composition and properties. "From these investigations it appears that atropin and hyoscyamin are the only two mydriatic alkaloids. These two although not identical, are isomeric in composition and otherwise very closely related."

Prof. Ladenburg has quite recently discovered a new mydriatic which he calls "homatropin."

Writers in different journals state that this substance is an active mydriatic and paralyzer of the accommodation, with the advantages that it does not irritate the conjunctiva and integument and is not very poisonous. Its effects subside in a few hours, while those of atropine continue ten or even fourteen days.

I have not had access to papers on the chemical properties of this new agent, but an indebted to Prof. W. S. Haines for this brief account of them. He states that Prof. Ladenburg has made a particular study of atropine and its derivatives. He has obtained several alkaloids from atropine, which he calls tropeines. Homatropine is prepared by the union of tropine and amygdalic acid.—*Dr. E. L. Holmes, in Chicago Medical Journal and Examiner.*

Folia Carobæ.—(Jacaranda Procera Sprengel.)—During my practice of medicine, I have employed the above drug with sufficient frequency to enable me to form an opinion as to its merits as a therapeutic agent. I have no theoretical ideas to offer as to its modes of action, not having conducted any experiments with a view to determining its effect on the system undisturbed by disease. Valuable as this method is of determining the properties of a drug, the same experiments, conducted in the presence of particular diseased conditions, are of much more interest and service to those with whom the practice of medicine is a business, and with whom the relief of disturbed conditions, rather than speculation as to how the article employed works that relief, is the desideratum.

In the case of new remedies, I deem it to be the duty of every physician, who may have had occasion to employ them, to contribute the honest results of his experience to the accumulating evidence from which is to be deduced the verdict which shall determine the exact place the remedy employed is to occupy as regards its service in particular diseases. It is in this way, and in this way only, that the science of therapeutics is to be advanced. All knowledge is the fruit of accumulated experience, and the statement has a peculiar force when applied to medicine. The following cases are given, in the hope of assisting to more firmly fix the articles employed as valuable acquisitions to our materia medica.

About four months ago, Mr. K—— applied to me for treatment, stating that six years previous he had the misfortune to contract syphilis, which produced a few chancres on the penis. Upon the application of carbolic acid, they soon disappeared, but in a few weeks three large ulcers made their appearance on the back, to the left of the spinal column—one near the lower cervical, and the other two near the upper dorsal vertebræ; also one at the articulation of the right and left clavicle

with the sternum. I found these ulcers each about one and a half by two inches, with notched or ragged edges, and discharging an offensive pus. He complained of rheumatic pains in his limbs, and, examining him carfully, discovered in different parts of the mouth, throat and on the tongue corroding ulcers, which, however, yielded to the application of nitrate of silver. Knowing that he had been treated by half a dozen very prominent doctors, I prescribed the following:

℞ Extracti foliæ carobæ fluidi; ʒj.
Potassii iodidi, ʒij.
Elixir. simplicis.
Aquæ fontanæ ää q. s. ad., ʒiv.

M. S., two teaspoonfuls three times daily. Finally I prepared a tincture of folia carobæ, and directed that a piece of lint be thoroughly saturated with this tincture, and placed in the cavity of each ulcer.

The ninth day I found a healthy granulation set up, the cavities already filling up with sound flesh.

I continued this treatment two months, when, upon examination, his complexion was clear, digestion good, and the ulcers healed over.

I then discharged my patient as cured, and, when I met him the other day, he said he felt as well as he ever did in his life.

In three other cases of syphilis I employed folia carobæ internally and externally, exclusive of any other drug. The results were surprising, for they all recovered after a comparatively short treatment.

At present I am treating a case of tertiary syphilis; and, although only two weeks a patient of mine, he is rapidly improving.—*Geo. Vaillant, M. D., Ph. D., in N. Y. Medical Eclectic.*

Grindelia Squarrosa.—Like many of the lately introduced remedial agents, this has suffered imposition from the fact of substitution, either willfully or ignorantly. Willful substitution is unpardonable. The fact is patent that parties have and do fill orders from this coast for Grindelia Squarrosa with the Grindelia Robusta, and vice versa.

Both drugs, therefore, have been, to a certain degree, brought into disrepute, without proper justification. You would not expect the Grindelia Squarrosa to relieve any form of asthma; neither would you look for the Robusta to reduce splenic hypertrophy or to arrest the paroxysms of a chronic intermittent that had existed for months. I have known the Grindelia Rob. to be dispensed three different times within the past two months for the Squarrosa. It was properly put up and labeled—but, was not the drug prescribed. It was not the fault of the druggist, but of the manufacturer.

I have a record of four cases of chronic intermittent wlth splenic hypertrophy to report, treated with Grindelia Squar. The preparation used was the genuine:

Case 1st, Mr. C., resided in Colusa; had suffered from chills for over eight months; was pale, anæmic, pulse running from 90 to 100 continually; tongue and membranes of the mouth pale; constipated, no appetite, just able to be about a part of the time; œdema of the lower extremities, etc. Had taken quinine, strychnine, iron, alstonia, etc., with but little relief; spleen much enlarged and difficulty of breathing. Gave him the following:

℞ Quin. Sul. ʒss
Acid Tannic, grs. iv
Aquæ Cin. ʒi.

M. Sig.—Shake and take ⅓ every night.

℞ Fld. Ext. Grindelia Squr, ʒiss
Glycerine. ʒii
Tr. Ferri Mur. ʒss.

M. Sig. Teaspoonful four times daily.

℞ Fld. Ext. Cascara, ʒi.

Sig.—15 drops once daily to keep bowels regular.

Patient continued last two prescriptions for seven weeks and reported himself cured.

Case 2d., Mr. A. W., had been suffering 6 months from chills; had applied to three medical gentlemen for help. The patient was thoroughly anasarcal, severe cough, could not lie down, pulse about 100, tongue coated white, spleen much enlarged, no appetite. Prescribed the same as for Case 1st, with the addition of ℥ss of tr. digitalis to each ʒiv. Continued for 6 weeks, then left out digitalis and continued 4 weeks longer, when he was discharged well.

Case 3d, Harry P., æt. 3 years, chronic intermittent of seven months, spleen much enlarged, in fact filling the entire abdominal cavity. Gave,

℞ Quin. Sul. ʒii
Adipis, ʒi.

M. Sig.—Apply freely by inunction twice daily.

℞ Fld. Ext. Grind. Sqr. ʒss
Tr. Ferri Chlor. ʒii
Glycerine ʒi
Syr. Simp. qs. ad ʒiv.

M. Sig.—Teaspoonful three times daily.

Continued 5 weeks and was dismissed cured.

Case 4th, was a boy 5 years old, very much like case 3d. Gave the same treatment and was dismissed in 6 weeks.

If there are any "specifics" in medicine, Grindelia Sqr. is one for chronic intermittents and enlargement of the spleen. Be sure you are using the genuine drug, and you will neither be beset with fears nor failures.—*J. H. Bundy, M. D., in California Med. Journal.*

Yerba Reuma.—This is one of the many new remedies which have been introduced to the medical profession by Parke, Davis & Co., Detroit, Michigan. It is an herbaceous plant growing at the foot of the Coast Range of Mountains, California. The whole plant is used in medicine, and the dose is from ten to twenty grains. It is best administered in the form of a fluid extract. It is a detergent and astringent. Flowing or Flux Plant is the name it has received from the Spaniards, as it was used by them for the treatment of inflammations of mucous membranes of a catarrhal nature. It is indicated in and is a specific for such diseases. It may be administered either internally or topically, but is far more effectual when used in the latter manner. On analysis it has been found rich in tannin and chloride of sodium, and to these constituents it owes much of its medicinal value. The diseases in which it has been exhibited with great advantage are chronic nasal catarrh; ophthalmia; gonorrhœa; leucorrhœa and dysentery.

Dr. Lennox Brown, of London, after a variety of careful clinical tests concluded that eucalyptus was the remedy par excellence for chronic catarrh

and subacute inflammation of the throat. We have used both Yerba Reuma and Eucalyptus, and give the preference to the former. It can be diluted with three parts of tepid water and snuffed up the nostrils; or it can be exhibited by the atomizer; and lastly, it can be mixed with salt and powdered arnica flowers, and used as a snuff. It at once arrests the formation of crusts; relieves the patient from the offensive odor of the foul secretions; contracts the capillaries; and produces a healthy condition of the mucous membrane. Many cases can be relieved at once, and by continuous treatment cured by the use of the snuff. It is preferable to exhibit the fluid extract by the Codman and Shurt'eff steam atomizer and Rumbold's atomizing tubes.

When used for ophthalmia it has been found very valuable. No caustic applications are to be applied. The eye is to be kept clean by gently sponging with a fine linen rag. Boracic acid of the strength of four grains to the ounce of water may be dropped into the eye twice daily. The sheet anchor is fluid extract Yerba Reuma, diluted with ten parts of distilled rose-water, applied every hour or two by dropping into the inner canthus of the eye. With this, and such other constitutional treatment as may be demanded, a cure can be readily effected in a short time. Such is my experience.

It is not so well adapted for the treatment of dysentery in the acute form as some preparations of opium, but it is valuable as an adjuvant. Here it must be administered internally, and so powerfully astringent is it that it oftentimes becomes necessary to moderate its effects by combining it with castor oil. The best way in which to give it is hourly in minute doses, alternating with teaspoonful doses of Epsom salts, until the discharges have lost their dysenteric character and assume a healthy type. It ought never to be omitted as a cardinal medicament in chronic dysentery and diarrhœa.

In urethritis and gonorrhœa it takes the place of balsam copaiba, cubebs, and other nauseous compounds. It is used as an injection, well diluted with warm water every hour for the first twenty-four or forty-eight hours, and then at longer intervals until the discharge ceases. Saline cathartics may be used as adjuvants. The most marked success has followed this practice, and the duration of the disease has been reduced from six weeks to a few days. The strength of the mixture may be increased from time to time; but it is always well to begin with a mild injection.

The last affection where it has been found of inestimable value is leucorrhœa; but, as this is a symptom of many varied uterine troubles which require to be cured before the discharge can be stopped, it is useful only to keep the parts clean and free from irritation.

Leucorrhœa is an effect of almost every uterine displacement and disease, and the remedies must be directed to the cure of the cause, when the effect will cease. It is in vaginal leucorrhœa that we observe the great value of Yerba Reuma. It must be administered, to obtain its full effects, by means of a fountain syringe, diluted with water as hot as can be conveniently borne, and a continuous stream kept up for at least one quarter of an hour. Dr. Lord, of Plane, Illinois, has invented a very good instrument for the purpose.

There can be no question that this is a remedy of great value, and I can only urge the profession to give it a trial and use their endeavors to give it the populatrity which it merits.—*Southern Clinic.*

SARRACENIA FLAVA.—Sarracenia flava, or trumpet plant, was first brought to public notice in the American Journal of Pharmacy, July, 1869, by J. Dabney Palmer, of Monticello, Fla., who having experimented with the root therapeutically, at the request of his neighbors, ascertained that it possessed extraordinary power in the cure of diarrhœa; some of the cases in which it was given were of long standing and very obstinate, others recent, but all yielded to the remedy, and in no case were more than four ounces of the tincture required to effect a cure. A few doses were generally sufficient. The dose was a teaspoonful after each evacuation. I became acquainted with the valuable properties of this plant more than five years ago, and while residing at Cairo, Ill. I have used it with success ever since, not only in acute and chronic diarrhœa, but also in gleet, and chronic nasal catarrh. I desire more espceially at this time to call the attention of the profession to the wonderful curative power possessed by this remedy in infantile diarrhœa, and the so-called summer complaint. I have used this remedy in such cases with prompt success for several years. As there is generally more or less gastric irritability in these cases, I generally combine it with bismuth, as follows:

℞ Ext. sarracenia flava fld., ½ drachm.
Bismuthi subnit., 2 drachms.
Syrup, ½ oun e.
Aq. dest., 1½ ounce.

M. Sig.: Teaspoonful after every operation of the bowels,

The above combination has given me better satisfaction in these cases than any remedy or combination of remedies I have ever used.

Diarrhœa, when occurring in the adult, whether acute or chronic, soon yields when this remedy is administered in fifteen drop doses of the fluid extract after every operation of the bowels.

In leucorrhœa this remedy gives the most brilliant results, almost every case being cured inside of thirty days. In these cases I generally add one part of the fluid extract of sarracenia to fourteen of pure glycerine. I then saturate a ball of cotton, about the size of a walnut, with the mixture, tie a string around the center, introduce it at night, and let the patient remove it by means of the string in the morning. In the great majority of cases of leucorrhœa there is more or less general debility, and we cannot expect a permanent cure in these cases by local applications alone. After giving all the usual remedies a fair trial in these cases, I have come to the conclusion that we have one remedy worthy of our attention, and that remedy is berberis aquifolium. I generally add one ounce of the fluid extract to three ounces of the syrup of tolu; this makes an agreeable preparation, pleasant to the tase, and an efficient female tonic. A teaspoonful in water three times daily before meals, gives prompt results. The

enterprising firm of Parke, Davis & Co., of Detroit, manufacture a fluid extract from both of these articles that has given me satisfaction in all cases. —A. J. Roe, M, D., in *Medical Brief*.

Chian Turpentine in Cancer.—Just at present, while the administration of Chian Turpentine is being advanced as a remedy for cancer, it seems only right to bring forward some evidence in its favor, and that, too, when its merits are being prejudiced, for the remedy as yet has not had a fair time of trial. The great difficulty in procuring the drug, and the substitution of a spurious article for it, are most likely to bring discredit on the remedy.

The following case which has come under my observation is worthy of record, and is one of great interest, as it bears directly on the subject in question.

A lady, æt. 47, of full habit, came under my care some months ago, suffering from symptoms that plainly told she was the victim of malignant disease of the womb. As no hope was given, it was thought advisable to see some specialist, and one of repute was accordingly called in; but the case was one that admitted of no doubt, and an opinion to this effect was expressed a second time. —"There was nothing to be done but to soothe, to give morphia, to the end." Just about this time there was some mention made of the recent discovery of Professor Clay, and it was resolved to give his remedy a trial. The patient was then seen by him, now nearly ten weeks ago, and the Chian turpentine administered. After a little disappointment signs of improvement commenced to show themselves, and the result so far is most gratifying. Here, then, was a case of a most fatal kind, as to the nature of which there was no shadow of doubt. Under the influence of the true Chian turpentine this tumor, which was of a very formidable size, is now gradually diminishing—"melting away," as described by Professor Clay, and the structure, which was formerly hard, that peculiar stony hardness *sui generis*, has now become softer, more resilient; in fact, more like uterine tissue.

I have no desire to make any comment, but wish to state the facts of the case just as they are.—*Richard Drury, M. D, in London Lancet.*

Homatropine.—About a year ago Ladenburg, of Kiel discovered a new mydriatic prepared by the action of hydrochloric acid on the amygdalate of tropine, to which he gave the name of homatropinum hydrobromatum. The following experiments (Centralblatt f. Augenh., June 1880) were made by Fuchs with a view to determining its value as a temporary pupil-dilator compared with weak solution of atropine. A one per cent. solution of homatropine was dropped into the one eye in a number of cases, whilst for the other a solution of atropine 1.5000 or 1.10,000 was used, and the size of the pupil and state of accommodation determined at first every five minutes and then every second hour. The one per cent. solution of homatropin brought about dilatation of the pupil after twenty minutes at the earliest, and this attained its maximum after from sixty to seventy minutes. The pupil dilated to seven mm. or more, but never attained the maximum dilatation got with a strong solution of atropine. The action began to diminish after two or three hours, and had generally disappeared altogether after five hours. The weak solution of atropine used took generally ten minutes longer before its action became apparent, but was still marked after twelve hours. The action on the accommodation was very feeble, and much the same in both cases. Fuchs considers that as homatropine is thus found to be quicker and less lasting in its action on the pupil, it may be found useful when it is desired to obtain dilatation for opthalmoscopic purposes.—*Chicago Med. Journal and Examiner.*

On the Digestive Action of Papaya on Living Tissues.—M. Bouchut has already proved that the juice of the papaya, as well as the digestive ferment (papaïn) which it contains, possesses a principle which, in union with proteid materials (fibrin, glutin, raw meat, milk), has all the characteristics of assimilable peptones. Continuing his experiments with the diluted juice of papaya as well as with papaïn, he has found that living tissues, normal or pathological, such as adenomata and cancers, are digested and converted into peptones in exactly the same way as are the dead ones. Thus the injection of one gram of a solution containing a fifth of papaya juice into the brain by means of a hypodermic syringe, produced a digestion of that part of the cerebral tissue which came in contact with the fluid. The affected portion, examined twenty-four hours after death, was seen to be yellow and softened, forming a pulpy and occasionally reddish mass. The animals succumbed in two or three hours, after becoming collapsed, and paralysed on one or both sides. When a gram of the same solution was injected into the muscles, post-mortem examination showed a very marked change in the muscular tissue, which had become softened, pulpy, and gelatinous, being composed of digested muscle. Analogous results were obtained with pathological tissues, and M. Bouchut believes that these experiments may thus be of therapeutic value.—(*Arch. gén de Med.*, July, 1880.)

Daji and Lisbod on Ailanthus Excelsa and Bauchee.—The *Transactions of the Grant College Medical Society*, Bombay, contain articles descriptive of these drugs. Ailanthus Excelsa is a tree common to several parts of India. It is a large tree with smooth, ash-colored bark. The author of the article, Mr. Narryian Daji, gives a minute description of the natural history of the drug, as well as the chemical analysis of the bark. The active principle he regards as an acid, called by him 'ailantic acid.' It is very bitter, and appears to contain the active principle quassia. In many diseases it has been substituted with benefit far quassia. He found its use to be attended with favorable results in dyspepsia, anorexia, diarrhœa and cholera, and also as a febrifuge in intermittent and remittent fevers. Bauchee is highly recommended in one of the papers of the Transactions by Mr. Lisbod as a remedy in leprosy. It is a native medicine, obtained from Posralia corylifolia, a plant belonging to the Leguminosæ, and the part used is the seed. This medicine, we are told, is well known to the natives, and has been used by them from the earliest ages in scaly eruptions of the skin, and especially in

leuco-derma. The author has only tried it in three cases, but his experience confirms the generally received opinion of the natives, that is a valuable medicine in the treatment of leprosy.

Treatment of Abdominal Typhus by the Douche.—Dr. Marcowitz, of Bucharest, has arrived at the following conclusions in regard to the treatment of abdominal and petechial typhus by the douche: 1 The douche allows of the regular and methodical treatment by cold applications of twelve or fifteen severe cases of typhus (two to seven or eight douches for each patient), without occupying more than two to three hours a day. 2. The patient is more effectually roused by the douche than by the cold bath; this is probably explained by the fact that, independently of the subtraction of heat, the shock acts in a reflex manner upon the heat-centres and prevents their paralysis for a period which may extend over some hours. 3. As contra-indications, Dr. Marcowitz agrees with Liebermeister, that only intestinal hæmorrhage, or paralysis of the heart to a great extent with a small and weak pulse, are sufficient to prohibit absolutely the administration of the douche. 4. Pulmonary engorgement so long as it does not depend directly on paralysis of the heart is rather an indication than a contra-indication for this method of treatment.—(*Arch. Gén. de. med.*, June, 1880.

Gurjun Balsam in Gonorrhœa and Vaginitis.—This balsam, which is extracted from various dicotoledonous trees, is turbid and of a brown color, bitter, smelling like copaiba, but with a less unpleasant odor, while it is less acrid and less expensive than this drug. It is also more readily tolerated. The balsam is administered in capsules or in the form of an emulsion in mucilage. In the latter form Vidal gives four grams a day immediately before meals. In large doses of ten to twelve grams it produces vomiting and diarrhœa. It can be prescribed at the beginning of a gonorrhœa, which it cures in fifteen to twenty days. It is better, however, to employ it when the inflammatory stage is over; but it is also very useful in gleet. In the female it is used as a local application. The vagina being first washed out with warm water, a plug of cotton wool soaked in a liniment of equal parts of balsam and lime-water and applied by means of the speculum, and the plug is then covered with a second one of dry wool, the dressing being renewed daily. This proceeding is attended with a slight smarting, which disappears after the third application.—*Bouchut's Ann. de Thérapeutique.*

Periodical Headache.—In answer to F. Sherer, M. D., of Omaha, Neb., with regard to treatment of periodical headache, I would suggest in the case of the lady patient referred to in query: If there is functional derangement of the uterine system, I would address my remedies accordingly; if there is an anæmic condition, I would remove the cause; if there is a disordered condition of the stomach, or habitual constipation, I would correct these conditions. In fact one or all of these conditions are present in this case, although the patient during short intervals feels well; see to it then that all the secretions are natural and digestion good. For the last abnormal condition, viz: constipation, Cascara Cordial is an agreeable remedy; Quinia sulph. as an anti-periodic for three days prior, in two grain doses once in three hours. Then if the paroxysms return, the following:

℞ Ext. Piscidia Eryth. fl. ʒi
Syr. simp. ʒi
Syr. aurant. cort. ʒi.

M. Sig. A teaspoonful once every hour until relief is obtained.

This is an anodyne and is indicated when opium, morphia and chloral hydrate are not admissible.—*Caswell T. Poe, M. D., in Medical Brief.*

Cheken, A New Remedy.—Dr. Henry Von Dessauer, of Valparaiso, has used cheken for some years in the treatment of a number of complaints. Thus as an inhalation he uses it in diphtheria, laryngitis, bronchitis, and bronchorrhœa; as an injection in certain affections of the mucous membrane, as gonorrhœa, leucorrhœa, cystitis, etc., when given internally, in the form of syrup or liquid extract, it is said to aid digestion, allay cough, facilitate expectoration, and stimulate the kidneys to action. It is also an astringent, and is found to be of especial service in threatened hemoptysis. Dr. von Dessauer used it with marked success in more than one hundred cases of bronchitis and phthisis. For many years he was physician to a large convent school, many of the inmates of which suffered from consumption, and hemoptysis being of constant occurrence. During the two and a-half years he gave cheken in this establishment he had not a single death from phthisis, there were no fresh cases of hemoptysis, and many of the patients who had had repeated attacks of bleeding from the lungs recovered and gained flesh and strength in a very marked manner.—*Louisville Medical News.*

Creosote as a Therapeutic Agent in Chest Affections.—Dr. Reuss, of Paris, has, according to the Glasgow Medical Journal employed creasote in the treatment of phthisis with apparent benefit. He prescribes it in lozenges (dragées,) the formula for each being:—

℞ Pure balsam of tolu, 20 per cent. (3 grs.)
Pure beech creosote, 5 per cent. (¾gr.)
Excipient, q. s.

Sig. Two of these for a dose; given at first night and morning, and gradually increased, sometimes up to ten lozenges in a day.—*Medical and Surgical Reporter.*

Tonga.—Tonga is a new remedy, introduced from the Fijee Islands, and consists of a mixture of bark, leaves and fibres, which, according to Holmes, are probably derived from Raphisdophora vitiensis. The remedy is recommended against neuralgia, and is said to contain a volatile alkaloid, Tongina. A brown liquid extract of the drug has been made in London. (*Handelsbericht* von Gehe & Co., September.—*American Journal of Pharmacy.*